

<i>SERFF Tracking Number:</i>	<i>ULCC-128190447</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>The Union Labor Life Insurance Company</i>	<i>State Tracking Number:</i>	
<i>Company Tracking Number:</i>	<i>ULLG-RTL-0308 AR IS (IN STATE FILING)</i>		
<i>TOI:</i>	<i>L04G Group Life - Term</i>	<i>Sub-TOI:</i>	<i>L04G.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>GROUP RENEWABLE TERM LIFE INSURANCE</i>		
<i>Project Name/Number:</i>	<i>ULLG-RTL-0308 AR IS (In State Filing)/</i>		

## Filing at a Glance

Company: The Union Labor Life Insurance Company

Product Name: GROUP RENEWABLE TERM LIFE INSURANCE  
 SERFF Tr Num: ULCC-128190447 State: Arkansas

TOI: L04G Group Life - Term  
 SERFF Status: Closed-Approved- Closed  
 State Tr Num:

Sub-TOI: L04G.213 Specified Age or Duration - Co Tr Num: ULLG-RTL-0308 AR IS State Status: Approved-Closed  
 Fixed/Indeterminate Premium - Single Life (IN STATE FILING)

Filing Type: Form	Reviewer(s): Linda Bird
Author: Carla Wallace	Disposition Date: 05/01/2012
Date Submitted: 03/22/2012	Disposition Status: Approved-Closed

Implementation Date Requested: On Approval	Implementation Date:
State Filing Description:	

## General Information

Project Name: ULLG-RTL-0308 AR IS (In State Filing)	Status of Filing in Domicile: Authorized
Project Number:	Date Approved in Domicile: 11/04/2011
Requested Filing Mode: Review & Approval	Domicile Status Comments: Our domicile state is Maryland.
Explanation for Combination/Other:	Market Type: Group
Submission Type: New Submission	Group Market Size: Large
Group Market Type: Employer, Other	Explanation for Other Group Market Type: Labor Unions
Overall Rate Impact:	Filing Status Changed: 05/01/2012
	State Status Changed: 05/01/2012
Deemer Date:	Created By: Carla Wallace
Submitted By: Carla Wallace	Corresponding Filing Tracking Number:
Filing Description:	
Re: NEW GROUP RENEWABLE LEVEL TERM LIFE INSURANCE PRODUCT FILING	
Group Renewable Level Term Life Insurance Policy, ULLG-RTL-0308 AR IS	
Certificate of Insurance, ULLC-RTL-0308 AR IS	
Accelerated Death Benefit for Terminal Illness Rider, ULLGR-ADB-TI-0308 AR IS	

SERFF Tracking Number: ULCC-128190447 State: Arkansas  
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TOI: L04G Group Life - Term Sub-TOI: L04G.213 Specified Age or Duration -  
Fixed/Indeterminate Premium - Single Life

Product Name: GROUP RENEWABLE TERM LIFE INSURANCE

Project Name/Number: ULLG-RTL-0308 AR IS (In State Filing)/

Accelerated Benefit for Organ Transplant Rider, ULLGR-ADB-OT-0308 AR IS

Children's Term Life Insurance Benefit Rider, ULLGR-CTR-0308 AR IS

Disability Waiver of Premium Benefit Rider, ULLGR-DWP-0308 AR IS

Return of Term Life Insurance Premium Benefit Rider, ULLGR-ROP-0308 AR IS

Accidental Death Benefit Rider, ULLGR-AD-0102 AR IS

The Union Labor Life Insurance Company

NAIC 781-69744 FEIN 13-1423090

Dear Sir or Madam:

Please find enclosed for your review and approval the above referenced forms. These forms are new and do not replace any forms currently on file with the Department.

Group master policies will be issued to various employer groups and labor union organizations situated in Arkansas. Certificates will be provided to individual members covered under the group master policies. Coverage will be offered through direct response mail. No agents will be involved.

Coverage will be offered through direct response mail. No agents will be involved.

The coverage provided is group term life insurance, with 10, 15, 20, or 25 year term periods. At the end of the term period, the insured may renew the coverage for another term period, subject to evidence of insurability and age restrictions, or may renew coverage for an additional one-year period up to age 85 without evidence of insurability.

Variable information is bracketed.

The following two benefit riders will be included as standard coverage in the policy and certificate:

1. Accelerated Death Benefit for Terminal Illness Rider ULLGR-ADB-TI-0308 AR IS

The Insured has the right to receive a portion of his Term Life Insurance Benefit during his lifetime. We will pay an Accelerated Death Benefit if the Insured chooses to use this option. It is paid if the Insured has a medical condition which is diagnosed by a physician and which results in an expected life span of 12 months or less.

The Insured may elect to receive up to 100% of the available Face Amount. The amount elected is called the Available Proceeds. We deduct from the Available Proceeds a processing charge equal to 5% of the Available Proceeds chosen by the Insured. We then pay the balance to the Insured.

<i>SERFF Tracking Number:</i>	<i>ULCC-128190447</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>The Union Labor Life Insurance Company</i>	<i>State Tracking Number:</i>	
<i>Company Tracking Number:</i>	<i>ULLG-RTL-0308 AR IS (IN STATE FILING)</i>		
<i>TOI:</i>	<i>L04G Group Life - Term</i>	<i>Sub-TOI:</i>	<i>L04G.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>GROUP RENEWABLE TERM LIFE INSURANCE</i>		
<i>Project Name/Number:</i>	<i>ULLG-RTL-0308 AR IS (In State Filing)/</i>		

After we pay the Accelerated Death Benefit, the Face Amount is reduced by the amount of Available Proceeds elected. If less than 100% of the available Face Amount is elected, premiums will then be waived for the Term Life Insurance Benefit for the Insured for the duration of the Term Period. Premiums for other optional coverage or for other covered family members are not waived by this provision.

This Accelerated Death Benefit is be paid only once during the Insured's lifetime. Benefits will be paid to the Insured in a single sum. If the Insured is not living when benefits are payable, the benefits will be paid to the Insured's Beneficiary.

## 2. Accelerated Benefit for Organ Transplant Rider ULLGR-ADB-OT-0308 AR IS

The Insured has the right to receive a portion of his Term Life Insurance Benefit during his lifetime. We will pay an Accelerated Benefit if the Insured chooses to use this option. It is paid if the Insured undergoes a covered Organ Transplant Procedure. The Insured may elect up to 50% of the available Face Amount. The amount elected is called the Available Proceeds. We will deduct from the Available Proceeds a processing charge equal to 5% of the Available Proceeds chosen by the Insured. We then pay the balance to Insured.

An Organ Transplant Procedure means one of the following human organ transplants: (1) Heart; or (2) Lung; or (3) Heart-Lung; or (4) Liver. It does not include the implantation of any artificial or animal organ(s).

After we pay the Accelerated Benefit, the Face Amount is reduced by the amount of Available Proceeds elected. Premiums will then be waived for the Term Life Insurance Benefit for the Insured. Premiums for other optional coverages or for other covered family members are not waived by this provision.

This Accelerated Benefit is be paid only once during the Insured's lifetime. Benefits will be paid to the Insured in a single sum. If the Insured is not living when benefits are payable, the benefits will be paid to the Insured's Beneficiary.

We also wish to offer the following optional riders with this product:

## 1. Children's Term Life Insurance Benefit Rider ULLGR-CTR-0308 AR IS

We will pay a Children's Term Life Insurance Benefit when we receive due proof that a covered Dependent Child died while his coverage under this Rider was in force.

Payment will be made to the Owner if living at the time of the Dependent Child's death. Otherwise, payment will be made to the Dependent Child's estate.

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TOI:	L04G Group Life - Term	Sub-TOI:	L04G.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life
Product Name:	GROUP RENEWABLE TERM LIFE INSURANCE		
Project Name/Number:	ULLG-RTL-0308 AR IS (In State Filing)/		

## 2. Disability Waiver of Premium Benefit Rider ULLGR-DWP-0308 AR IS

If prior to the age specified in the policy the Insured becomes Totally Disabled and remains Totally Disabled for a continuous period of at least 6 months, the Insured's premium will be waived on a monthly basis beginning on the date 6 months after the Total Disability starts.

This benefit will continue until the continuous period of Total Disability ends or the end of the Term Period if earlier. In no event will premium be waived beyond the date the Insured attains the age specified in the policy. As of the date the Total Disability ends or the Insured attains the specified age, premiums will become payable by the Insured, beginning as of the next monthly premium due date.

Premiums waived under this Rider are for the Term Life Insurance benefit for the Insured only. Premiums for other optional coverages or for other covered family members are not waived by this provision.

## 3. Return of Term Life Insurance Premium Benefit Rider ULLGR-ROP-0308 AR IS

A Return of Term Life Insurance Premium Benefit will be paid, while the Insured is living, upon the earliest of the following:

1. the end of the Term Period; or
2. termination of the Policy or Certificate.

No benefit will be paid if the Insured dies while this Rider is in force; or if any claim has been paid under an Accelerated Death Benefit for Terminal Illness or an Accelerated Benefit for Organ Transplant Rider.

The Return of Term Life Insurance Premium Benefit will be paid only once under this Rider. Upon payment of the benefit, this Rider will terminate.

## 4. Accidental Death Benefit Rider ULLGR-AD-0102 AR IS

We will pay an accidental death benefit to the named beneficiary when we receive satisfactory proof that the insured died as a result of an Injury, provided: (1) the injury occurred while the insured was covered under the Policy or Certificate and this Rider; and (2) death occurred within 365 days of the accident causing the Injury.

All forms are in final print format.

SERFF Tracking Number: ULCC-128190447 State: Arkansas  
Filing Company: The Union Labor Life Insurance Company State Tracking Number:  
Company Tracking Number: ULLG-RTL-0308 AR IS (IN STATE FILING)  
TOI: L04G Group Life - Term Sub-TOI: L04G.213 Specified Age or Duration -  
Fixed/Indeterminate Premium - Single Life  
Product Name: GROUP RENEWABLE TERM LIFE INSURANCE  
Project Name/Number: ULLG-RTL-0308 AR IS (In State Filing)/

Please advise us of your decision at your earliest convenience.

Sincerely,

Carla Wallace  
Senior Compliance Analyst  
Voice: 202-962-2901  
Email: cwallace@ullico.com

State Narrative:

## Company and Contact

### Filing Contact Information

Carla Wallace, Compliance Analyst cwallace@ullico.com  
8403 Colesville Rd 202-962-2901 [Phone]  
Silver Spring, MD 20910

### Filing Company Information

The Union Labor Life Insurance Company	CoCode: 69744	State of Domicile: Maryland
8403 Colesville Road	Group Code: 781	Company Type: Life and Health
Silver Spring, MD 20910	Group Name:	State ID Number:
(202) 682-0900 ext. [Phone]	FEIN Number: 13-1423090	

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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$1,125.00
Retaliatory?	Yes
Fee Explanation:	9 forms @ \$125.00 = \$1,125.00
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Union Labor Life Insurance Company	\$1,125.00	03/22/2012	57373572

SERFF Tracking Number: ULCC-128190447 State: Arkansas

Filing Company: The Union Labor Life Insurance Company State Tracking Number:

Company Tracking Number: ULLG-RTL-0308 AR IS (IN STATE FILING)

TOI: L04G Group Life - Term Sub-TOI: L04G.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life

Product Name: GROUP RENEWABLE TERM LIFE INSURANCE

Project Name/Number: ULLG-RTL-0308 AR IS (In State Filing)/

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	05/01/2012	05/01/2012

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Linda Bird	03/27/2012	03/27/2012	Carla Wallace	05/01/2012	05/01/2012

<i>SERFF Tracking Number:</i>	<i>ULCC-128190447</i>	<i>State:</i>	<i>Arkansas</i>
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## Disposition

Disposition Date: 05/01/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: ULCC-128190447 State: Arkansas

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Company Tracking Number: ULLG-RTL-0308 AR IS (IN STATE FILING)

TOI: L04G Group Life - Term Sub-TOI: L04G.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life

Product Name: GROUP RENEWABLE TERM LIFE INSURANCE

Project Name/Number: ULLG-RTL-0308 AR IS (In State Filing)/

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Variable Memorandum		Yes
Supporting Document	Actuarial Memorandum		No
Supporting Document	Arkansas Required Document Ark. Code Ann 23-79-138		Yes
Supporting Document	Submission Certification		Yes
Supporting Document	Accelerated Death Benefit Disclosure		Yes
Form	Group Life Insurance Policy		Yes
Form	Certificate of Insurance		Yes
Form	Accelerated Death Benefit for Terminal Illness Rider		Yes
Form	Accelerated Benefit for Organ Transplant Rider		Yes
Form	Children's Term Life Insurance Benefit Rider		Yes
Form	Disability Waiver of Premium Benefit Rider		Yes
Form	Return of Premium Benefit Rider		Yes
Form	Accidental Death Benefit Rider		Yes



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## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 03/27/2012  
Submitted Date 03/27/2012  
Respond By Date 04/27/2012

Dear Carla Wallace,

This will acknowledge receipt of the captioned filing.

### Objection 1

#### Comment:

Ark. Code Ann. 23-79-138 requires that certain information accompany every policy. Bulletin 15-2009 further address this issue. Please assure us that you are in compliance.

Regulation 19s10B requires that all new or revised filings submitted must contain a certification that the submission meets the provisions of this rule as well as all applicable requirements of this Department.

The Accelerated Benefit Rider issued with life insurance policies require a disclosure statement and an actuarial demonstration as outlined in Rule and Regulation 60s8.

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

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Fixed/Indeterminate Premium - Single Life  
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## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 05/01/2012  
Submitted Date 05/01/2012

Dear Linda Bird,

### Comments:

Good Morning,

Per your request, I have provided the following response to the below objection;

### Response 1

Comments: The requirement for Ark. Code Ann. 23-79-138 has been satisfied. Please refer to the Supporting Documentation Section.

With respect to Regulation 19s10B, a certification stating that the submission meets the filing provisions has been provided in the Supporting Documentation Section.

The Acturairal Memorandum have been placed in the Supporting Documentation Section.

### Related Objection 1

Comment:

Ark. Code Ann. 23-79-138 requires that certain information accompany every policy. Bulletin 15-2009 further address this issue. Please assure us that you are in compliance.

Regulation 19s10B requires that all new or revised filings submitted must contain a certification that the submission meets the provisions of this rule as well as all applicable requirements of this Department.

The Accelerated Benefit Rider issued with life insurance policies require a disclosure statement and an actuarial demonstration as outlined in Rule and Regulation 60s8.

### Changed Items:

SERFF Tracking Number: ULCC-128190447 State: Arkansas  
Filing Company: The Union Labor Life Insurance Company State Tracking Number:  
Company Tracking Number: ULLG-RTL-0308 AR IS (IN STATE FILING)  
TOI: L04G Group Life - Term Sub-TOI: L04G.213 Specified Age or Duration -  
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Project Name/Number: ULLG-RTL-0308 AR IS (In State Filing)/

**Supporting Document Schedule Item Changes**

Satisfied -Name: Actuarial Memorandum

Comment: Document Attached.

Satisfied -Name: Arkansas Required Document Ark. Code Ann 23-79-138

Comment: Document Attached.

Satisfied -Name: Submission Certification

Comment: Document Attached.

Satisfied -Name: Accelerated Death Benefit Disclosure

Comment: Document Attached.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

If you have questions regarding this submission, please contact me directly 202-962-2901 or cwallace@ullico.com

Sincerely,  
Carla Wallace

SERFF Tracking Number: ULCC-128190447 State: Arkansas

Filing Company: The Union Labor Life Insurance Company State Tracking Number:

Company Tracking Number: ULLG-RTL-0308 AR IS (IN STATE FILING)

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## Form Schedule

### Lead Form Number:

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	ULLG-RTL-0308 AR IS	Policy/Cont	Group Life Insurance Initial			46.900	ULLG-RTL-0308 AR IS.pdf
	ULLC-RTL-0308 AR IS	Certificate	Certificate of Insurance	Initial		51.400	ULLC-RTL-0308 AR IS.pdf
	ULLGR-ADB-TI-0308 AR IS	Certificate	Accelerated Death Benefit for Terminal Illness Rider	Initial		49.100	ULLGR-ADB-TI-0308 AR IS.pdf
	ULLGR-ADB-OT-0308 AR	Certificate	Accelerated Benefit for Organ Transplant	Initial		50.700	ULLGR-ADB-OT-0308 AR IS.pdf
	ULLGR-CTR-0308 AR IS	Certificate	Children's Term Life Insurance Benefit	Initial		56.600	ULLGR-CTR-0308 AR IS.pdf
	ULLGR-DWP-0308 AR IS	Certificate	Disability Waiver of Premium Benefit	Initial		61.100	ULLGR-DWP-0308 AR IS.pdf

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<i>Project Name/Number:</i>	<i>ULLG-RTL-0308 AR IS (In State Filing)/ nt or Rider</i>		
	ULLGR-ROP-0308 AR IS	Certificate Return of Premium Amendmen Benefit Rider t, Insert Page, Endorseme nt or Rider	Initial 49.600 ULLGR-ROP-0308 AR IS.pdf
	ULLGR-AD-0102 AR IS	Certificate Accidental Death Amendmen Benefit Rider t, Insert Page, Endorseme nt or Rider	Initial 56.600 ULLGR-AD-0102 AR IS.pdf

**The Union Labor Life Insurance Company**  
(“We, Us, Our, the Company”)  
[ Administrative Office: 8403 Colesville Road, Silver Spring, MD 20910  
Home Office: 1625 Eye Street, Washington, DC 20006 ]

**GROUP LIFE INSURANCE POLICY**

GROUP POLICY NO.: [ 12345 ] POLICY DELIVERED IN: The District of Columbia  
EFFECTIVE DATE: [ January 1, 2012 ] POLICY ANNIVERSARY DATE: [ January 1, 2013 ]  
POLICYHOLDER: [ ABC Labor Union ]

The consideration for this Policy is the application and the timely payment of the premium when due. We agree to pay benefits in accordance with all the provisions of this Policy. The Policy is issued to the Policyholder named above. It provides benefits to eligible persons becoming insured. Any payments are subject to all the terms and conditions of this Policy.

In the Policy The Union Labor Life Insurance Company will be called "We", "Our", or "Us". The person or persons covered under this Policy will be called the "Insured".

This Policy takes effect on the date shown above for the first Policy Year. Coverage continues unless it is canceled according to the terms of the When Coverage Stops section. All periods of insurance begin at 12:01 A.M., Standard Time at the Insured's address.

The terms contained on this and the following pages make up this Policy.

This Policy may be inspected at the office of the Policyholder. It is executed on the Effective Date shown above at our Executive Office.

[  


**SECRETARY**



**PRESIDENT**

**GROUP RENEWABLE LEVEL TERM LIFE INSURANCE  
PARTICIPATING**

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## POLICY SCHEDULE

Insurance benefits are determined by this Schedule and the terms of this Policy

BENEFIT	AMOUNT OF INSURANCE
Term Life Insurance Benefit*	\$25,000
Labor Dispute Waiver of Premium Benefit	Waives the payment of premium during strikes or lockouts for up to one year
Accelerated Death Benefit For Terminal Illness	An amount chosen by the Insured not to exceed 100% of the available Face Amount
Accelerated Benefit For Organ Transplant	An amount chosen by the Insured not to exceed 50% of the available Face Amount

### Optional Benefits:

Accidental Death Benefit (all accidents)	\$10,000
Workplace Accidental Death Benefit	\$10,000
Dependent Children Term Life Insurance Benefit	\$5,000
Disability Waiver of Premium Benefit	Waives the payment of premium in the event of Total Disability
Return of Premium Benefit	Provides for return of premium

\*The Insured may renew his coverage for an additional ten, fifteen, twenty, twenty-five years at the end of the Term Period and prior to attainment of Age 55, 60, 65, 70. This is explained in the Renewal Privilege of his Certificate.

**Termination Age:** 85



## PART I – DEFINITIONS

When used in this Policy the following words and phrases have the meaning given. The use of any personal pronoun includes both genders.

**AGE** means the Insured's current age on his last birthday. The Age on the Certificate Effective Date increases one year on each Certificate Anniversary.

**BENEFICIARY** means the person who receives payment of the death benefit. This is explained in the "WHO BENEFITS ARE PAID TO" provision.

**CERTIFICATE ANNIVERSARY** means any anniversary of the Certificate Effective Date.

**CERTIFICATE EFFECTIVE DATE** means the date the Certificate takes effect, as shown on the Certificate Schedule.

**CERTIFICATE YEAR** means the period beginning on a Certificate Anniversary and ending 12 months later on the next Certificate Anniversary.

**DOMESTIC PARTNER** means the domestic partner of a Member where we have been furnished and accepted proof:

- a. Of financial interdependence such as joint bank accounts, joint credit cards, jointly owned property and beneficiary designations for life insurance or pension plans;
- b. Of co-habitation;
- c. Of a prior relationship of a least 6 months, with an expectation of a future commitment;
- d. Of attainment of the age of majority;
- e. That neither the Member or the domestic partner are legally married;
- f. That the Member is not related by blood to the domestic partner; and
- g. Of filing as domestic partners, if the Member is a resident of a city, municipality or other governing jurisdiction that allows for filing as domestic partners.

The Member is responsible for notifying us upon dissolution of the domestic partnership and of any change in the status of the proof furnished to us evidencing the domestic partnership.]

**EVIDENCE OF INSURABILITY** means a statement of the Insured's present and past medical history, on a form approved by us that indicates he is acceptable for insurance as we may determine.

**INSURED** means the person named in the Certificate Schedule who has been accepted by us, has paid the required premium, and is insured under this Policy.

**ISSUE AGE** means, on the Certificate Effective Date, the Insured's Age.

**MEMBER** means [an employee or member of a participating organization, association, labor union or other eligible entity.]

**OWNER** means the Owner of a Certificate. The Owner is named in the Certificate Schedule. Ownership is explained in PART X.

**POLICY** means the Group Policy. The Policy is the controlling contract under which the Certificate is issued. The Policy is held by the Policyholder.

**POLICYHOLDER** means the Group Policyholder. It is the entity which holds the Policy under which the Certificate is issued.

**POLICY YEAR** means the 12 month period ending on any Policy Anniversary.

**PREMIUM** means the payment the Insured makes to us for his insurance.

**POLICY ANNIVERSARY** means any anniversary of the date the Policy takes effect.

**SPOUSE** means the person to whom the Insured is lawfully married, or with whom the Insured has established a civil union pursuant to state law.

**TERM PERIOD** means a period of ten, fifteen, twenty, twenty-five years. The first Term Period commences on the Certificate Effective Date. The Insured may renew his Certificate for a successive Term Period or Periods after the first, subject to the terms and conditions of the Renewal Privilege provision.

## **PART II - WHEN COVERAGE STARTS**

### **WHO IS ELIGIBLE:**

**Eligible Persons:** All Members, and their Spouses or Domestic Partners who are between Age 18 and Age 54 59 64 69 will be eligible to apply for insurance under this Policy.

### **WHEN COVERAGE STARTS:**

This insurance takes effect only after two things happen:

1. We approve the Insured's application; and
2. We receive the first premium within 60 days of the Certificate Effective Date.

These two things must happen while the Insured is alive. Coverage then starts at 12:01 A.M. Standard Time at the Insured's home on the Certificate Effective Date.

**RIGHT TO EXAMINE THE CERTIFICATE FOR 30 DAYS:** The Insured may return the Certificate for any reason within 30 days of the Certificate Effective Date. Any premium paid is refunded. The Certificate is treated as if it never existed. No benefits are paid.

## **PART III – WHEN WE PAY A BENEFIT**

We pay the Face Amount to the Beneficiary when the Insured dies while covered under the Policy. The Face Amount is shown on the Insured's Certificate Schedule. Before we pay, we must be given satisfactory proof of the Insured's death.

## **PART IV - HOW WE PAY BENEFITS**

We pay all sums to the Insured's named Beneficiary. If the Insured names two or more Beneficiaries and he does not state their respective share of the benefits, the benefits will be divided equally. If any Beneficiary dies before the Insured, that Beneficiary's share will pass to the surviving Beneficiaries equally. The Insured may request benefits be paid in installments. If he does not make a request before his death, his Beneficiary may request payment in installments.

**BENEFICIARY:** The Beneficiary is identified on the Insured's application. If there is no named Beneficiary living when the Insured dies benefits are paid: (1) to his living Spouse; or (2) if he does not have one, in equal shares to his living, lawful children; or (3) if there are none, in equal shares to his living, lawful parents; or (4) if there is none, in equal shares to his living, lawful brothers and sisters; or (5) if there are none, to his estate. Spouse, in this provision, means only the one to whom the Insured is lawfully married, or with whom the Insured has an established civil union pursuant to state law, on the date of his death. Except in the case of a legal adoption, lawful children, parents, brothers and sisters do not mean "step" children, parents, brothers or sisters.

**CHANGING THE BENEFICIARY:** The Insured can name a permanent beneficiary. This is one that can never be changed unless the Beneficiary approves the change. Unless he does that, he can change his Beneficiary at any time. We must receive written notice of any change. We must acknowledge the change for it to be effective.

## **PART V - WHEN COVERAGE STOPS**

Coverage under the Certificate stops on the earliest of the following events:

1. The Expiry Date shown in the Certificate Schedule;
2. The date the Insured dies;
3. The end of the 31 day Grace Period if the Insured fails to pay the premium when due;
4. The date we pay the Accelerated Death Benefit for Terminal Illness when the benefit is based on 100% of the Available Proceeds;
5. The date we receive the Insured's written request to cancel. (The provision entitled "Right to Examine Certificate for 30 Days" explains the rules for cancellation during the first 30 days the Certificate is in force. After that 30 day period we reserve the right to delay cancellation until the next monthly due date. The Insured may specify a later monthly premium due date to cancel. Any premiums paid beyond the date the cancellation is effective are refunded. No benefits are paid for any loss which occurs after the date coverage stops.); or
6. The date the Group Policy ends.

Any refund due when coverage stops is paid to the Insured or his Beneficiary.

## **PART VI – RIGHT TO CONVERT**

The Insured may exchange his Certificate for an individual whole life insurance policy on any form currently issued by us as of the date coverage terminates without disability, accidental death and dismemberment, waiver of premium, or other supplementary benefits. The amount of life insurance may not exceed the Face Amount in force under the Certificate at the time of conversion. The Insured's coverage must be in effect on the date the conversion is requested. The Insured may exchange on any premium due date following 31 days written notice to us. New Evidence of Insurability is not required. However, any application attached to the Insured's Certificate may be made a part of the converted policy. It may be used to contest benefits under the converted policy during the balance of time that it may be contested under the Certificate. Once the exchange has been made, coverage under the Insured's Certificate will end.

The new coverage is effective when we receive the first premium. The new premium is based on the Insured's Age at the time he converts to the new policy. If the Insured dies during the conversion period, the death benefit will be payable as a claim under the group policy if the individual policy has not yet taken effect.

## **PART VII – RENEWAL PRIVILEGE**

At the end of a Term Period and prior to Age [55, 60, 65, 70], while coverage is in effect under this Policy, the Insured may apply to renew for an additional Term Period. The Insured must complete a new application and provide Evidence of Insurability satisfactory to us. The Face Amount will remain the same. The premium will be based on the Insured's Age at the time he renews his coverage.

At the end of a Term Period and on each Certificate Anniversary thereafter that is prior to the Expiry Date shown on the Certificate Schedule, while coverage is in effect under this Policy, the Insured may renew for an additional one year period. New Evidence of Insurability is not required. The Face Amount will remain the same. The premium will be based on the Insured's Age at the time he renews his coverage and will not exceed the Guaranteed Maximum Annual Renewal Premium shown on the Table attached to the Insured's Certificate.

## **PART VIII - HOW THE INSURED PAYS HIS PREMIUMS**

**PAYMENTS:** The Insured keeps coverage in force by paying the premiums. Premium payments keep coverage in force for the premium payment period and during the Grace Period. The first premium is due prior to the Certificate Effective Date. After that, premiums are due on the first day of each renewal period as shown on the Certificate Schedule.

**RIGHT TO ADJUST PREMIUM RATES:** We may change rates by class on any date.

**GRACE PERIOD:** We allow a grace period of 31 days for the Insured to pay each premium due after the first one. Coverage continues during this grace period. If the Insured dies during the grace period, any premium due is deducted from the death benefit.

**REINSTATEMENT:** If coverage for an Insured stops because premiums have not been paid, it may be reinstated. This happens if the Insured:

1. makes written request for reinstatement;
2. sends satisfactory evidence of insurability;
3. is alive on the date of reinstatement; and
4. makes his request within **[5 years]** of when the premium was due and prior to Age 85.

The Insured must pay any unpaid premium plus interest. Certain benefits may not be reinstated.

**UNEARNED PREMIUM REFUND:** A refund of unearned premium is payable to the Insured's Beneficiary at the time of his death. Unearned premium is the part of any premium paid for a period beyond the month of the Insured's death.

## **PART IX - LABOR DISPUTE WAIVER OF PREMIUM**

In the event the Insured (1) participates in a lawful strike authorized by his local union or (2) is locked out as the result of a labor dispute between his local union and employer, we will waive premiums as they become due. The Insured must be covered under the Certificate before the strike or lock-out begins. The waiver of premium begins on the next monthly premium due date following a 30-day waiting period after the date the strike or lock-out begins.

This benefit stops and premium payments resume on the earliest of:

1. one year from the date the waiver began;
2. the next premium due date after the strike or lock-out is resolved;
3. the next premium due date after the Insured returns to work; or
4. the next due date after the Insured's employment is terminated.

**Notice and Proof of Strike or Lock-Out.** Before benefits begin, we must receive at our Administrative Office, written notice and proof satisfactory to us of the strike or lock-out (i.e. verification from the Insured's labor union). Coverage must be in force before the date the strike or lock-out begins. Satisfactory proof of the status of the strike or lock-out must be given to us when and as often as we may reasonably require, but in no event less than every 30 days. We will stop providing benefits if proof is not provided.

The Insured must notify us as soon as the strike or lock-out is resolved; when the Insured returns to work or is offered the opportunity to return to work for his or her employer; or when the Insured's employment is terminated.

## PART X - OTHER IMPORTANT INFORMATION

**INCONTESTABILITY:** A Certificate is "incontestable" after it has been in effect for 2 years from the Certificate Effective Date during the lifetime of the Insured. "Incontestable" means we may not deny benefits except for non-payment of premiums when due. Benefits may be denied during the first two years of the Insured's coverage if:

1. The Insured fails to give, to the best of his knowledge and belief, true and complete answers in the Application; or
2. The Insured's health or any other conditions affecting his insurability, as described in the Application, change between the Application Date and the Certificate Effective Date.

If the Certificate is reinstated, benefits may be denied during the first 2 years after the reinstatement date. This happens if the Insured failed to give, to the best of his knowledge and belief, true and complete answers in the reinstatement application.

**THE CONTRACT:** The Policy, the Policyholder's Application, any riders, and the Insured's Application make up the entire legal contract between the parties. A copy of the Insured's Application is attached to his Certificate when issued.

All statements made by an Insured in the absence of fraud are representations and not warranties. No statement will be used by us to contest a claim, unless it is contained in the Application completed by or on behalf of an Insured.

No change in this Policy will take effect until approved by one of our Officers. This approval must be attached to this Policy. No agent may change this Policy or waive any of its provisions.

**INSURANCE DATA:** The Policyholder shall give us any information which we require with regard to insurance under this Policy. All of the Policyholder's records on this insurance shall be open to us at all reasonable times.

**CLERICAL ERROR:** Neither record keeping errors nor delays in making entries shall keep this Policy in force or continue insurance which was validly terminated.

**MISSTATEMENT OF AGE OR SEX:** If the Insured's Age or sex or both are incorrectly stated, the benefits of the Certificate are changed to what the premium would pay for at the correct Age and sex. However:

1. If the Certificate would not have been issued if the Insured had correctly stated his Age or sex, the Certificate is treated as if it never existed. No benefits are paid. All premiums paid are refunded.
2. If coverage would have stopped if the Insured had correctly stated his Age, any premiums paid on or after the date the coverage would have stopped are refunded.

**CERTIFICATES:** We will issue a Certificate to each Insured describing the terms and benefits of this Policy.

**ASSIGNMENT:** The Insured's rights under the Certificate may be given to another by the Insured. This is called an "Assignment." We take no responsibility for the validity or effect of the Insured's actions. In order for us to honor the Insured's directions, we must receive a copy of any Assignment at our offices.

**DIVIDENDS:** This is a participating Policy. While it is in force, it is eligible for dividends. Each year we will determine our divisible surplus. The Insured's share, if any, is credited as a dividend on the Insured's next Certificate Anniversary. Any dividend will be paid in cash.

**SUICIDE:** If an Insured dies by suicide within two years following his Certificate Effective Date, the benefit is limited to the sum of all premiums paid by the Insured, without interest. This amount will be paid to the Beneficiary in a single sum.

**OWNERSHIP:** The Certificate belongs to the Insured unless another Owner is designated by the Insured. The Owner is named in the Certificate Schedule. During the Insured's lifetime the rights and privileges of the Certificate may be exercised solely by the Owner. This includes the right to change the Beneficiary and assign benefits.

**CHANGE OF OWNERSHIP:** The Owner has the right to transfer the Certificate to a new Owner by notifying us. The change in ownership is effective on the date the request is received at our offices. The change in ownership is subject to any actions taken prior to the date such request is received.

**POLICY TERMINATION:** [This Policy may be terminated by us or the Policyholder by written notification. The termination will take effect 90 days after such action.

[OR]

This Policy may only be terminated for the solicitation of new Insureds by us or the Policyholder by written notification. The termination will take effect 90 days after such action. ]

**POLICY AMENDMENT:** We or the Policyholder may change this Policy from time to time by notifying the other party in writing. These changes can be made without the approval of the Insured or his Beneficiary, as long as the changes do not deprive the Insured or his Beneficiary of any claim under this Policy on the date the change takes place.

# The Union Labor Life Insurance Company

("We, Us, Our, the Company")

Administrative Office: 8403 Colesville Road, Silver Spring, Maryland 20910

Executive Office: 1625 Eye Street N.W., Washington DC 20006

## CERTIFICATE OF INSURANCE

This is a Term Life Insurance Certificate. It provides life insurance for the Term Period and a renewal privilege until you reach Age 85. In this Certificate, The Union Labor Life Insurance Company is referred to as "we," "our," or "us." The Insured is "you," "your," or "yours." The Group Policy is a legal contract. This Certificate explains your coverage under that Group Policy. The Group Policy Number and the name of the Policyholder are shown in the Certificate Schedule. The Policy may be inspected during business hours at the office of the Policyholder.

### CERTIFICATE SCHEDULE

INSURED: John Doe

FACE AMOUNT: \$XX.XX

#### BENEFITS:

Term Life Insurance Benefit: \$XX.XX Annual Premium \$XX,XXX

Accelerated Death Benefit for Terminal Illness \$XX.XX

Accelerated Benefit for Organ Transplant \$XX.XX

Dependent Children Term Life Insurance Benefit: \$XX.XX Annual Premium \$XX.XX

Return of Term Life Insurance Premium Benefit: Annual Premium \$XX.XX

Disability Waiver of Premium Benefit: Annual Premium \$XX.XX to age 60

Accidental Death Benefit XX.XX Annual Premium XX.XX

Workplace Accidental Death Benefit XX.XX Annual Premium XX.XX

CERTIFICATE NUMBER: 123456 CERTIFICATE EFFECTIVE DATE: 01/01/12

EXPIRY DATE: 01/01/25

CERTIFICATE ANNIVERSARY: 01/01

ISSUE AGE: 53 SEX: M

INITIAL TOTAL PREMIUM: \$XX.XX

TOTAL RENEWAL PREMIUMS:	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX
	Monthly	Quarterly	Semi-annually	Annually

BENEFICIARY: Jane Doe

GROUP POLICYHOLDER: ABC Union

GROUP POLICY NUMBER: 12345

CERTIFICATEOWNER: John Doe

### YOUR RIGHT TO EXAMINE THE CERTIFICATE FOR 30 DAYS

You may return this Certificate for any reason within 30 days of your Certificate Effective Date. Any premium paid is refunded. The Certificate is treated as if it never existed. No benefits are paid.

IN WITNESS, this certificate is signed by our Secretary and President.

SECRETARY

PRESIDENT

### GROUP RENEWABLE LEVEL TERM LIFE INSURANCE

Participating

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## PART I – DEFINITIONS

When used in this Certificate the following words and phrases have the meaning given. The use of any personal pronoun includes both genders.

**AGE** means your current age based on your last birthday. The Age on the Certificate Effective Date increases one year on each Certificate Anniversary.

**BENEFICIARY** means the person who receives payment of the death benefit.

**CERTIFICATE ANNIVERSARY** means any anniversary of the Certificate Effective Date.

**CERTIFICATE EFFECTIVE DATE** means the date your coverage starts, as shown on the Certificate Schedule.

**CERTIFICATE YEAR** means the period beginning on a Certificate Anniversary and ending 12 months later on the next Certificate Anniversary.

**DOMESTIC PARTNER** means the domestic partner of a Member where we have been furnished and accepted proof:

- a. Of financial interdependence such as joint bank accounts, joint credit cards, jointly owned property and beneficiary designations for life insurance or pension plans;
- b. Of co-habitation;
- c. Of a prior relationship of a least 6 months, with an expectation of a future commitment;
- d. Of attainment of the age of majority;
- e. That neither the Member or the domestic partner are legally married;
- f. That the Member is not related by blood to the domestic partner; and
- g. Of filing as domestic partners, if the Member is a resident of a city, municipality or other governing jurisdiction that allows for filing as domestic partners.

The Member is responsible for notifying us upon dissolution of the domestic partnership and of any change in the status of the proof furnished to us evidencing the domestic partnership.]

**EVIDENCE OF INSURABILITY** means a statement of your present and past medical history, on a form approved by us, that indicates you are acceptable for insurance, as we may determine.

**INSURED** means the person named in the Certificate Schedule who has been accepted by us, has paid the required premium, and who is insured under this Certificate.

**ISSUE AGE** means, on the Certificate Effective Date, your Age.

**MEMBER** means [an employee or member of a participating organization, association, labor union or other eligible entity.]

**OWNER** means the Owner of this Certificate. The Owner is named in the Certificate Schedule. Ownership is explained in PART X.

**POLICY** means the Group Policy. The Policy is the controlling contract under which the Certificate is issued. The Policy is held by the Policyholder.

**POLICYHOLDER** means the Group Policyholder. It is the entity which holds the Policy under which the Certificate is issued.

**PREMIUM** means the payment you make to us for your insurance.

**SPOUSE** means the person to whom the Insured is lawfully married, or with whom the Insured has established a civil union pursuant to state law.]

**TERM PERIOD** means a period of [ ten, fifteen, twenty, twenty-five ] years. The first Term Period commences on the Certificate Effective Date. The Insured may renew his Certificate for a successive Term Period or Periods after the first, subject to the terms and conditions of the Renewal Privilege provision.

## **PART II - WHEN COVERAGE STARTS**

This insurance takes effect only after two things happen:

1. We approve your Application Form; and
2. We receive the first premium within 60 days of the Certificate Effective Date.

These two things must happen while you are alive. Your coverage then starts at 12:01 A.M. Standard Time at your home on the Certificate Effective Date.

## **PART III –WHEN WE PAY A BENEFIT**

We pay the Face Amount to the Beneficiary when you die while covered under this Certificate. The Face Amount is shown on the Certificate Schedule. Before we pay, we must be given satisfactory proof of your death. Payment of the death benefit will be made not later than two months after the date of receipt of the following; (1) proof of death; (2) and the right of the claimant to the policy proceeds.

## **PART IV - HOW WE PAY BENEFITS**

We pay all sums to your named Beneficiary. If you have two or more Beneficiaries and you do not state their respective share of the benefits, the benefits will be divided equally. If any Beneficiary dies before you, that Beneficiary's share will pass to the surviving Beneficiaries equally. You may request benefits be paid in installments. If you do not make a request before your death, your Beneficiary may request payment in installments.

**BENEFICIARY:** The Beneficiary is identified on your application. If there is no named Beneficiary living when you die, benefits are paid: (1) to your living Spouse; or (2) if you do not have one, in equal shares to your living, lawful children; or (3) if there are none, in equal shares to your living, lawful parents; or (4) if there are none, in equal shares to your living, lawful brothers and sisters; or (5) if there are none, to your estate. Spouse, in this provision, means only the one to whom you are lawfully married, or with whom you have an established civil union pursuant to state law, on the date of your death. Except in the case of a legal adoption, lawful children, parents, brothers and sisters do not mean "step" children, parents, brothers or sisters.

**CHANGING THE BENEFICIARY:** You can name a permanent beneficiary. This is one that can never be changed unless the Beneficiary approves the change. Unless you do that, you can change your Beneficiary at any time. We must receive written notice of any change. We must acknowledge the change for it to be effective.

## **PART V – WHEN COVERAGE STOPS**

**Coverage under this Certificate stops on the earliest of the following events:**

1. The Expiry Date shown in the Certificate Schedule;
2. The date you die;
3. The end of the 31 day Grace Period if you fail to pay the premium when due;
4. The date we pay the Accelerated Death Benefit for Terminal Illness when the benefit is based on 100% of the Available Proceeds;

[5.] The date we receive your written request to cancel. (The provision entitled "Right to Examine Certificate for 30 Days" explains the rules for cancellation during the first 30 days the Certificate is in force. After that 30 day period we reserve the right to delay cancellation until your next monthly due date. You may specify a later monthly premium due date to cancel. Any premiums paid beyond the date the cancellation is effective are refunded. No benefits are paid for any loss which occurs after the date your coverage stops.); or

[6.] The date the Group Policy ends.

Any refund due when coverage stops is paid to you or your Beneficiary.

## PART VI – RIGHT TO CONVERT

You may exchange your Certificate for an individual whole life insurance policy on any form currently issued by us as of the date coverage terminates without disability, accidental death, accidental death and disability, waiver of premium, or other supplementary benefits. The amount of life insurance may not exceed the Face Amount in force under your Certificate at the time of conversion. Your coverage must be in effect. You may exchange on any premium due date following 31 days written notice to us. New Evidence of Insurability is not required. However, any application attached to your Certificate may be made a part of the converted policy. It may be used to contest benefits under the converted policy during the balance of time that it may be contested under your Certificate. Once the exchange has been made, coverage under this Certificate will end.

The new coverage is effective when we receive the first premium. The new premium is based on your age at the time you convert to the new policy. If the Insured under the group policy dies during the conversion period, the death benefit will be payable as a claim under the group policy if the individual policy has not yet taken effect.

## PART VII – RENEWAL PRIVILEGE

At the end of the Term Period and prior to Age [55, 60, 65, 70], while coverage is in effect under this Certificate, you may apply to renew for an additional Term Period. You must complete a new application and provide Evidence of Insurability satisfactory to us. The Face Amount will remain the same. The premium will be based on your Age at the time you renew your coverage.

At the end of a Term Period and on each Certificate Anniversary thereafter that is prior to the Expiry Date shown on the Certificate Schedule, while coverage is in effect under the Policy, you may renew for an additional one year period. New Evidence of Insurability is not required. The Face Amount will remain the same. The premium will be based on your Age at the time you renew your coverage and will not exceed the Guaranteed Maximum Annual Renewal Premium shown on the Table attached to this Certificate.

## PART VIII: PAYING YOUR PREMIUMS

**PREMIUM PAYMENTS:** Premium payments keep coverage in force for the premium payment period and during the Grace Period. Your first premium is due prior to the Certificate Effective Date. After that, premiums are due on the first day of each renewal period as shown on the Certificate Schedule.

**RIGHT TO ADJUST PREMIUM RATES:** We may change rates by class, on any date.

**GRACE PERIOD:** We allow a grace period of 31 days for you to pay each premium due after the first one. Coverage continues during this grace period. If you die during the grace period, any premium due is deducted from the death benefit. This provision applies as long as your Certificate has not stopped.

**REINSTATEMENT:** If your coverage stops because premiums have not been paid it may be reinstated. This happens if you:

1. Make written request for reinstatement;
2. Send satisfactory evidence of insurability;
3. Are alive on the date of reinstatement; and
4. Make your request within [5 years] of when the premium was due and prior to Age 85.

You must pay any unpaid premium plus interest. Certain benefits may not be reinstated.

**UNEARNED PREMIUM REFUND:** A refund of unearned premium is payable to your Beneficiary at the time of your death. Unearned premium is the part of any premium paid for a period beyond the month of your death.

## **PART IX: LABOR DISPUTE WAIVER OF PREMIUM**

In the event you (1) participate in a lawful strike authorized by your local union or (2) are locked out as the result of a labor dispute between your local union and employer, we will waive premiums as they become due. You must be covered under the Certificate before the strike or lock-out begins. The waiver of premium begins on the next monthly premium due date following a 30-day waiting period after the date the strike or lock-out begins.

This benefit stops and premium payments resume on the earliest of:

1. one year from the date the waiver began;
2. the next premium due date after the strike or lock-out is resolved;
3. the next premium due date after you return to work; or
4. the next due date after your employment is terminated.

**Notice and Proof of Strike or Lock-Out.** Before benefits begin, we must receive at our Administrative Office, written notice and proof satisfactory to us of the strike or lock-out (i.e. verification from your labor union). Coverage must be in force before the date the strike or lock-out begins. Satisfactory proof of the status of the strike or lock-out must be given to us when and as often as we may reasonably require, but in no event less than every 30 days. We will stop providing benefits if proof is not provided.

You must notify us as soon as the strike or lock-out is resolved; when you return to work or are offered the opportunity to return to work for your employer; or when your employment is terminated.

## **PART X: OTHER IMPORTANT INFORMATION**

**INCONTESTABILITY:** This Certificate is "incontestable" after it has been in effect for 2 years from the Certificate Effective Date during the lifetime of the Insured. "Incontestable" means we may not deny benefits except for non-payment of premiums when due. Benefits may be denied during the first two years of coverage if:

1. You fail to give, to the best of your knowledge and belief, true and complete answers in your Application; or
2. The health or any other conditions affecting your insurability, as described in your Application, change between the Application Date and the Certificate Effective Date.

If your Certificate is reinstated, benefits may be denied during the first 2 years after your reinstatement date. This happens if you failed to give, to the best of your knowledge and belief, true and complete answers in your reinstatement application.

**THE CONTRACT:** The Policy, the Policyholder's Application, any riders, and your Application make up the entire legal contract between the parties. A copy of your Application is attached to this Certificate.

All statements made by you in the absence of fraud are representations and not warranties. No statement will be used by us to contest a claim, unless it is contained in the Application completed by you.

No change in this Certificate is effective until approved by one of our officers. Such approval must be noted or attached to this Certificate. No agent may change this Certificate or waive any of its provisions.

**CLERICAL ERROR:** Neither record keeping errors nor delays in making entries will keep this Certificate in force or continue insurance which was validly terminated. If we find any such error or delay, we will make a fair adjustment of premiums.

**MISSTATEMENT OF AGE OR SEX:** If your Age or sex or both are misstated, the benefits of this Certificate are changed to what the premium would pay for at the correct Age and sex. However:

1. If this Certificate would not have been issued had you not misstated your Age or sex, the Certificate is treated as if it never existed. No benefits are paid. Any premiums paid are refunded.
2. If your coverage would have stopped had you not misstated your Age, any premiums paid on or after the date your coverage would have stopped are refunded.

**ASSIGNMENT:** Your rights under this Certificate may be given to another by you. This is called an "Assignment." We take no responsibility for the validity or effect of your actions. In order for us to honor your directions, we must receive a copy of any Assignment at our office.

**DIVIDENDS:** This is a Participating Certificate. While it is in force, it is eligible for dividends. Each year we will determine our divisible surplus. This Certificate's share, if any, is credited as a dividend on the Insured's next Certificate Anniversary. Any dividend will be paid in cash.

**SUICIDE:** If you die by suicide within two years following the Certificate Effective Date, your benefit is limited to the sum of all premiums paid without interest. This amount will be paid to your Beneficiary.

**OWNERSHIP:** This Certificate belongs to you unless another Owner is designated by you. During your lifetime the rights and privileges of this Certificate may be exercised solely by the Owner. This includes the right to change the Beneficiary and assign benefits.

**CHANGE OF OWNERSHIP:** The Owner has the right to transfer this Certificate to a new Owner by notifying us. The change in ownership is effective on the date the request is received at our offices. The change in ownership is subject to any actions taken prior to the date such request is received.

**POLICY AMENDMENT:** We or the Policyholder may change this Policy from time to time by notifying the other party in writing. These changes can be made without the approval of the Insured or his Beneficiary, as long as the changes do not deprive the Insured or his Beneficiary of any claim under this Policy on the date the change takes place.

**Table of Guaranteed Maximum Annual Renewal Premium Rates**  
**Per \$1,000 of Face Amount**

<b>Attained</b>	<b>Male</b>	<b>Male</b>	<b>Female</b>	<b>Female</b>
<b>Age</b>	<b><u>Nonsmoker</u></b>	<b><u>Smoker</u></b>	<b><u>Nonsmoker</u></b>	<b><u>Smoker</u></b>
28	3.90	6.83	2.25	3.56
29	3.86	6.79	2.36	3.79
30	3.83	6.75	2.48	4.01
31	3.79	6.79	2.63	4.31
32	3.83	6.90	2.78	4.61
33	3.94	7.13	2.96	4.99
34	4.01	7.39	3.19	5.48
35	4.20	7.69	3.45	5.96
36	4.39	8.14	3.71	6.45
37	4.65	8.66	3.94	6.86
38	4.99	9.30	4.13	7.28
39	5.29	10.01	4.35	7.73
40	5.70	10.88	4.61	8.21
41	6.19	11.93	4.91	8.78
42	6.79	13.16	5.25	9.49
43	7.50	14.63	5.66	10.28
44	8.29	16.28	6.15	11.21
45	9.15	17.93	6.71	12.30
46	10.01	19.58	7.39	13.58
47	10.73	20.96	8.18	15.15
48	11.29	22.01	9.04	17.03
49	12.00	23.36	10.01	19.13
50	12.94	25.13	11.10	21.38
51	14.14	27.41	12.34	23.85
52	15.60	30.19	13.73	26.51
53	17.29	33.53	15.19	29.40
54	19.43	37.50	16.73	32.48
55	21.83	41.74	18.49	35.74
56	24.62	46.74	20.67	39.75
57	27.41	51.51	23.02	43.89
58	30.26	56.20	25.51	48.28
59	33.61	61.70	28.08	53.05
60	37.68	68.44	30.84	58.08
61	42.65	76.67	33.90	63.59
62	48.46	86.18	37.19	69.50
63	54.90	96.53	40.71	75.65
64	61.74	107.10	44.60	82.36
65	68.98	117.68	48.96	89.68
66	76.45	128.18	53.75	97.70
67	84.39	138.98	59.12	106.66
68	92.88	150.22	65.12	116.56
69	102.48	162.65	71.73	127.54
70	113.72	176.90	79.24	140.00
71	127.35	194.29	87.86	154.02
72	143.38	214.54	97.38	169.42
73	160.52	235.34	107.88	186.37
74	179.16	258.08	119.62	204.36
75	199.69	283.53	132.62	223.49
76	223.01	311.95	147.02	244.37
77	250.26	344.93	163.11	267.09
78	282.09	382.94	180.81	291.84
79	318.09	425.16	200.43	318.73
80	358.60	471.75	224.75	352.05
81	403.14	521.87	254.67	392.74
82	450.94	574.21	286.77	435.29
83	503.67	630.62	320.95	479.41
84	562.80	694.72	359.37	525.98





# The Union Labor Life Insurance Company

("We, Us, Our, the Company")

Administrative Office: 8403 Colesville Road, Silver Spring, Maryland 20910

Executive Office: 1625 Eye Street N.W., Washington DC 20006

## ACCELERATED DEATH BENEFIT FOR TERMINAL ILLNESS RIDER

**Rider Effective Date:** January 1, 2012

**Attached to** Policy Certificate **No.:** 12345

**Name of Policyholder:** ABC Union

This Rider is a part of the Policy or Certificate to which it is attached. It is issued in consideration of the Insured's enrollment for this coverage and the payment of the required premium.

The following **Accelerated Death Benefit For Terminal Illness** is added to the Policy or Certificate:

### **Accelerated Death Benefit For Terminal Illness**

Means the advance payment of some or all of the death benefit proceeds payable under a life insurance policy to the Owner during the lifetime of the Insured. This rider reduces the death benefit otherwise payable under the policy through a present value payment upon the death benefits. This benefit is payable upon the occurrence of the Qualifying Event with respect to the Insured resulting in the payment of a benefit amount fixed at the time of acceleration.

The Insured has the right to receive a portion of his Term Life Insurance Benefit during his lifetime. We will pay an Accelerated Death Benefit if the Insured chooses to use this option. It is paid if the Insured has a medical condition which is diagnosed by a physician and which results in an expected life span of 12 months or less.

The Insured may elect to receive up to 100% of the available Face Amount. The amount elected is called the Available Proceeds. We deduct from the Available Proceeds a processing charge equal to 5% of the Available Proceeds chosen by the Insured. We then pay the balance to the Insured.

### **Important Tax and Public Assistance Information**

**Accelerated life insurance benefits may or may not qualify for favorable tax treatment under the internal revenue code of 1986. If the accelerated life insurance benefits qualify for favorable tax treatment, the benefits will be excludable from the Owner's income and not subject to federal taxation. Tax laws relating to accelerated life insurance benefits are complex. The Owner is advised to consult with a qualified tax advisor about circumstances under which he or she could receive accelerated life insurance benefits excludable from income under federal law.**

**In addition, receipt of accelerated life insurance benefits may affect the Owner, the Owner's spouse's, or the Owner's family's eligibility for public assistance programs such as Medicare assistance (Medicaid), aid to families with dependent children (AFCD), supplementary social security income (SSI), and drug assistance programs. The Owner is advised to consult with a qualified tax advisor and with social service agencies concerning the effect of such a payment.**

**We are not responsible for any effect on the Insured's state or federal taxes, or the Insured's loss of eligibility for any state or federal program.**

**Effect of Accelerated Death Benefits on Policy Benefits**

**The policy death benefit, any cash values, and any loan values will be reduced by the percentage of any Accelerated Death benefit the Owner elects to receive under this Accelerated Death Benefit Rider.**

**The amount of the Accelerated Death Benefit available to the Owner will be reduced by the amount of any outstanding policy loan, but only up to the amount of the outstanding policy loan multiplied by the percentage of the policy death benefit that has been accelerated.**

**This benefit is subject to the following:**

1. The Insured must be covered for at least **\$5,000** of term life insurance under his Certificate.
2. We must receive statements from two physicians certifying: (a) the diagnosis of the Insured's medical condition; and (b) a statement that because of the nature and severity of the condition, the Insured is not expected to live more than twelve months. We have the right to require documentation from the two physicians which supports their diagnosis. The physicians giving the diagnosis must be someone other than the Insured's spouse, parent, child, brother or sister, aunt or uncle, or any person living with the Insured.
3. We have the right to require, at our expense, that the Insured be examined in the United States or Canada by a physician of our choosing in order to verify the diagnosis.
4. The initial diagnosis that the Insured has less than twelve months to live must be made on or after the Certificate Effective Date.
5. We must receive the Insured's request for payment under this benefit prior to when the Certificate stops.
6. The Certificate may not be assigned.
7. The Insured may elect this benefit only once.
8. The Insured cannot change the amount elected after the date we pay the benefit.

After we pay the Accelerated Death Benefit, the Face Amount is reduced by the amount of Available Proceeds elected. If less than 100% of the available Face Amount is elected, premiums will then be waived for the Term Life Insurance Benefit for the Insured for the duration of the Term Period. Premiums for other optional coverage or for other covered family members are not waived by this provision.

An Accelerated Death Benefit may be paid only once during the Insured's lifetime. Benefits will be paid to the Insured in a single sum. If the Insured is not living when benefits are payable, the benefits will be paid to the Insured's Beneficiary.

We are not responsible for any effect on the Insured's state or federal taxes, or the Insured's loss of eligibility for any state or federal program.

**Important Notice: Benefits which are paid under this Rider reduce the Certificate's Face Amount.**

**Conversion.** The *Right to Convert* provision in the Certificate does not apply to this Rider.

**Incontestability.** Except for non-payment of premiums, this Rider cannot be contested after two years from its effective date. No statement made by the Insured relating to his insurability will be used to contest the insurance for which the statement was made after the insurance has been in force for two years during the Insured's lifetime. In order to be used, the statement must be in writing and signed by the Insured.

**Suicide.** If the Insured commits suicide, while sane or insane, within two years from the effective date of this Rider, the benefit payable under this Rider will be limited to the sum of all premiums paid for this Rider without interest.

**Right To Adjust Rider Rates.** We reserve the right to change the Rider rates, on a class basis, on any date.

**Reinstatement.** If the Insured's Certificate lapses, and is reinstated, this Rider may be reinstated.

**Termination of Rider.** The benefit provided by this Rider will end on the earliest of the following dates: (a) the date the [ ] Policy or Certificate [ ] ends; (b) the date the 31 day Grace Period ends, if the Insured fail to pay the premium when due [ ] ; or (c) the date the Insured attains age 60 [ ].

Benefits are subject to all terms and limitations of the [ ] Policy or Certificate [ ]. This Rider does not waive, alter or extend any provisions or conditions of the [ ] except to the extent shown above.



SECRETARY



PRESIDENT

[ ]

# The Union Labor Life Insurance Company

("We, Us, Our, the Company")

Administrative Office: 8403 Colesville Road, Silver Spring, Maryland 20910

Executive Office: 1625 Eye Street N.W., Washington DC 20006

## ACCELERATED BENEFIT FOR ORGAN TRANSPLANT RIDER

**Rider Effective Date:** January 1, 2012

**Attached to Policy Certificate No.:** 12345

**Name of Policyholder:** ABC Union

This Rider is a part of the Policy or Certificate to which it is attached. It is issued in consideration of the Insured's enrollment for this coverage and the payment of the required premium.

### Important Tax and Public Assistance Information

Accelerated life insurance benefits may or may not qualify for favorable tax treatment under the internal revenue code of 1986. If the accelerated life insurance benefits qualify for favorable tax treatment, the benefits will be excludable from the Owner's income and not subject to federal taxation. Tax laws relating to accelerated life insurance benefits are complex. The Owner is advised to consult with a qualified tax advisor about circumstances under which he or she could receive accelerated life insurance benefits excludable from income under federal law.

In addition, receipt of accelerated life insurance benefits may affect the Owner, the Owner's spouse's, or the Owner's family's eligibility for public assistance programs such as Medicare assistance (Medicaid), aid to families with dependent children (AFCD), supplementary social security income (SSI), and drug assistance programs. The Owner is advised to consult with a qualified tax advisor and with social service agencies concerning the effect of such a payment.

We are not responsible for any effect on the Insured's state or federal taxes, or the Insured's loss of eligibility for any state or federal program.

### Effect of Accelerated Death Benefits on Policy Benefits

The policy death benefit, any cash values, and any loan values will be reduced by the percentage of any Accelerated Death benefit the Owner elects to receive under this Accelerated Death Benefit Rider.

The amount of the Accelerated Death Benefit available to the Owner will be reduced by the amount of any outstanding policy loan, but only up to the amount of the outstanding policy loan multiplied by the percentage of the policy death benefit that has been accelerated.

This Rider is a part of the Policy or Certificate to which it is attached. It is issued in consideration of the Insured's enrollment for this coverage and the payment of the required premium.

The following **Accelerated Benefit For Organ Transplant** is added to the Policy or Certificate:

### **Accelerated Death Benefit For Organ Transplant**

Means the advance payment of some or all of the death benefit proceeds payable under a life insurance policy to the Owner during the lifetime of the Insured. This rider reduces the death benefit otherwise payable under the policy through a present value payment upon the death benefits. This benefit is payable upon the

occurrence of the Qualifying Event with respect to the Insured resulting in the payment of a benefit amount fixed at the time of acceleration.

The Insured has the right to receive a portion of his Term Life Insurance Benefit during his lifetime. We will pay an Accelerated Benefit if the Insured chooses to use this option. It is paid if the Insured undergoes a covered Organ Transplant Procedure. The Insured may elect up to 50% of the available Face Amount. The amount elected is called the Available Proceeds. We will deduct from the Available Proceeds a processing charge equal to 5% of the Available Proceeds chosen by the Insured. We then pay the balance to Insured.

An Organ Transplant Procedure means one of the following human organ transplants:

1) heart; (2) lung; (3) heart-lung; or (4) liver. It does not include the implantation of any artificial or animal organs.

**This benefit is subject to the following:**

1. The Insured must be covered for at least \$5,000 of term life insurance under his Certificate.
2. We must receive proof from the Insured's physician and surgeon that he has undergone a covered Organ Transplant Procedure. The physician and surgeon submitting the proof must be someone other than the Insured's spouse, parent, child, brother or sister, aunt or uncle, or any person living with the Insured.
3. The covered Organ Transplant Procedure must take place while the Insured's Certificate is in force.
4. We must receive the Insured's request for payment under this benefit prior to when the Certificate stops.
5. The Certificate may not be assigned.
6. The Insured may elect this benefit only once.
7. The Insured cannot change the amount elected after the date we pay the benefit.

After we pay the Accelerated Benefit, the Face Amount is reduced by the amount of Available Proceeds elected. Premiums will then be waived for the Term Life Insurance Benefit for the Insured. Premiums for other optional coverages or for other covered family members are not waived by this provision.

An Accelerated Benefit may be paid only once during the Insured's lifetime. Benefits will be paid to the Insured in a single sum. If the Insured is not living when benefits are payable, the benefits will be paid to the Insured's Beneficiary.

**Important Notice: Benefits which are paid under this Rider reduce the Certificate's Face Amount.**

**Conversion.** The *Right to Convert* provision in the Certificate does not apply to this Rider.

**Incontestability.** Except for non-payment of premiums, this Rider cannot be contested after two years from its effective date. No statement made by the Insured relating to his insurability will be used to contest the insurance for which the statement was made after the insurance has been in force for two years during the Insured's lifetime. In order to be used, the statement must be in writing and signed by the Insured.

**Suicide.** If the Insured commits suicide, while sane or insane, within two years from the effective date of this Rider, the benefit payable under this Rider will be limited to the sum of all premiums paid for this Rider without interest.

**Right To Adjust Rider Rates.** We reserve the right to change the Rider rates, on a class basis, on any date.

**Reinstatement.** If the Insured's Certificate lapses, and is reinstated, this Rider may be reinstated.

**Termination of Rider.** The benefit provided by this Rider will end on the earliest of the following dates:  
(a) the date the [Policy] [Certificate] ends; (b) the date the 31 day Grace Period ends, if the Insured fail to pay the premium when due [ ] ; or (c) the date the Insured attains age 60 [ ].

Benefits are subject to all terms and limitations of the [ ] Policy or Certificate [ ]. This Rider does not waive, alter or extend any provisions or conditions of the [ ] Policy or Certificate [ ] except to the extent shown above.

[ ]

  
**SECRETARY**

  
**PRESIDENT**

[ ]

# The Union Labor Life Insurance Company

("We, Us, Our, the Company")

Administrative Office: 8403 Colesville Road, Silver Spring, Maryland 20910

Executive Office: 1625 Eye Street N.W., Washington DC 20006

## CHILDREN'S TERM LIFE INSURANCE BENEFIT RIDER

**Rider Effective Date:** January 1, 2012

**Attached to [Policy] [Certificate] No.:** 12345

**Name of Policyholder:** ABC Union

This Rider is a part of the [Policy or Certificate] to which it is attached. It is issued in consideration of the Insured's enrollment for this coverage and the payment of the required premium.

The following **Children's Term Life Insurance Benefit** is added to the [Policy or Certificate]:

We will pay a Children's Term Life Insurance Benefit, as shown on the Schedule, when we receive due proof that a covered Dependent Child died while his coverage under this Rider was in force.

Payment will be made to the Owner if living at the time of the Dependent Child's death. Otherwise, payment will be made to the Dependent Child's estate.

**Dependent Child** means the Insured's unmarried child, including an adopted child, who is over 14 days and under age 26 (a Dependent Child is covered at birth until the end of the calendar year in which he attains age 25).

**Newborn or Adopted Children:** If a child is born to or adopted by the Insured while this Rider is already in effect, such newborn or newly adopted child will automatically be a covered Dependent Child upon attaining 14 days of age. No extra premium is charged if at least one Dependent Child is already covered.

**Effective Date of Coverage:** Before this coverage takes effect, (1) we must receive the application for the Dependent Child, and (2) the Insured must pay any required premium while the Dependent Child is alive. The Effective Date of coverage for the Dependent Child will be the date shown on the Schedule.

**Dependent Child Conversion Privilege:** A Dependent Child's coverage under this Rider may be converted to an individual whole life insurance policy on any form currently issued by us at the time conversion is requested, without disability, accidental death, accidental death and disability, waiver of premium, or other supplementary benefits, when coverage under this Rider terminates because:

1. the child is no longer a Dependent Child;
2. the Group Certificate ends due to the death of the Insured;
3. the Group Policy terminates; or
4. the child attains the limiting age of 26 (a Dependent Child is covered until the end of the calendar year in which he attains age 25).

The amount of life insurance to be converted may not exceed the Face Amount in force for the Dependent Child at the time of conversion [ ] and may not be less than \$1,000 [ ]. Written application and initial premium payment must be made within 31 days from the date coverage for the Dependent Child under this Rider ends. Evidence of Insurability is not required. Once the converted policy is issued, coverage under this Rider will end.

The converted policy is effective when we receive the first premium. The new premium is based on the Dependent Child's age at the time of the conversion.

We will not pay a claim for a Dependent Child under both this Rider and an individual policy received through exercise of this conversion right.

**Incontestability.** Except for non-payment of premiums, this Rider cannot be contested after two years from its effective date. No statement made by the Insured relating to his insurability will be used to contest the insurance for which the statement was made after the insurance has been in force for two years during the Insured's lifetime. In order to be used, the statement must be in writing and signed by the Insured.

**Suicide.** If the Insured commits suicide, while sane or insane, within two years from the effective date of this Rider, the benefit payable under this Rider will be limited to the sum of all premiums paid for this Rider without interest.

**Right To Adjust Rider Rates.** We reserve the right to change the Rider rates, on a class basis, on any date.

**Reinstatement.** If the Insured's Certificate lapses, and is reinstated, this Rider may be reinstated.

**Termination of Coverage under this Rider.** Coverage under this Rider with respect to any covered Dependent Child will end at the earliest of (a) the date the [ ] Policy or Certificate [ ] ends; (b) the date the child ceases to be a Dependent Child; (c) the date the Dependent Child converts coverage to an individual life insurance policy; or (d) the end of the period for which the last premium has been paid for the Dependent Child.

You must notify us when no Dependent Children are covered under this Rider. This Rider will terminate when the last Dependent Child's coverage under this Rider terminates. We will refund any premium paid for coverage beyond the termination date of this Rider.

Benefits are subject to all terms and limitations of the [ ] Policy or Certificate [ ]. This Rider does not waive, alter or extend any provisions or conditions of the [ ] Policy or Certificate [ ] except to the extent shown above.

[ ]



SECRETARY



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[ ]



# The Union Labor Life Insurance Company

("We, Us, Our, the Company")

Administrative Office: 8403 Colesville Road, Silver Spring, Maryland 20910

Executive Office: 1625 Eye Street N.W., Washington DC 20006

## DISABILITY WAIVER OF PREMIUM BENEFIT RIDER

**Rider Effective Date:** January 1, 2012

**Attached to [Policy] [Certificate] No.:** 12345

**Name of Policyholder:** ABC Union

This Rider is a part of the [Policy or Certificate] to which it is attached. It is issued in consideration of the Insured's enrollment for this coverage and the payment of the required premium.

The following **Disability Waiver of Premium Benefit** is added to the [Policy or Certificate]:

### **Benefit**

If [ ] prior to Age 60 [ ] the Insured becomes Totally Disabled [ ], and remains Totally Disabled for a continuous period of at least 6 months [ ], the Insured's premium will be waived on a monthly basis [ ] beginning on the date 6 months after the Total Disability starts [ ]. Premiums paid that later qualify for this benefit will be refunded, subject to the limitations described in the **Written Notice and Proof of Claim** provision below. Such Total Disability must begin after the effective date of this Rider.

This benefit will continue until the continuous period of Total Disability ends or the end of the Term Period if earlier. In no event will premium be waived beyond the date the Insured attains age 65. As of the date the Total Disability ends or the Insured attains age 65, premiums will become payable by the Insured, beginning as of the next monthly premium due date.

Premiums waived under this Rider are for the Insured's Term Life Insurance benefit only. Premiums for other optional coverages or for other covered family members are not waived by this provision.

### **Definition**

As used in this Rider, "Totally Disabled" or "Total Disability" means the inability to perform the substantial and material duties of any occupation for remuneration which the Insured is able to perform by reason of age, education, experience, or training.

### **Written Notice and Proof of Claim**

The Insured must submit written proof of Total Disability that is satisfactory to us within 12 months of the date the Insured became Totally Disabled. This written notice of claim and due proof of Total Disability must show the Total Disability: (a) began while the Insured was alive and insured under this Rider, and (b) [ ] began before the attainment of Age 60, and (c) [ ] has rendered the Insured Totally Disabled [ ] for at least 6 months [ ]. Failure to give such timely notice and proof will not invalidate or reduce any claim if such notice and proof was given as soon as reasonably possible. In no event, except in the absence of legal capacity, will any premium be waived or refunded more than 12 months before we receive such written notice of claim.

**Proof of Continuation of Total Disability**

We may require proof at reasonable intervals of the uninterrupted continuance of Total Disability. After the first two years of Total Disability, we will not require such proof more often than once a year. If such proof is not furnished within a reasonable period of time, no further premiums will be waived.

At our own expense, we may require the Insured to be examined **from time to time** by a physician of our choice during the Insured's first two years of Total Disability. After two years, we will not require such examinations more than once a year.

**Recovery from Disability**

If and when the Insured is no longer Totally Disabled, further premiums will not be waived. The Insured must notify us upon the end of Total Disability. At the end of Total Disability, premiums will be due again.

**Death of Insured Before or While this Rider is in Effect**

If the Insured dies after applying for this benefit but before it goes into effect, the Beneficiary must submit written proof that Total Disability continued without interruption from the date the Insured became Totally Disabled to the date of death. If the Insured dies while this benefit is in effect, the Beneficiary must submit written proof that Total Disability continued without interruption from the last anniversary of our receipt of proof of Total Disability to the date of death.

**General Provisions**

No change in the coverage or in the interval of its premium payments may be made during the period premiums are being waived.

**Conversion.** The **Right to Convert** provision in the Certificate does not apply to this Rider.

**Incontestability.** Except for non-payment of premiums, this Rider cannot be contested after two years from its effective date. No statement made by the Insured relating to his insurability will be used to contest the insurance for which the statement was made after the insurance has been in force for two years during the Insured's lifetime. In order to be used, the statement must be in writing and signed by the Insured.

**Suicide.** If the Insured commits suicide, while sane or insane, within two years from the effective date of this Rider, the benefit payable under this Rider will be limited to the sum of all premiums paid for this Rider without interest.

**Right To Adjust Rider Rates.** We reserve the right to change the Rider rates, on a class basis, on any date.

**Reinstatement.** If the Insured's Certificate lapses, and is reinstated, this Rider may be reinstated.

**Term Period Coverage Only.** This Rider will not be renewed if the Insured renews the Term Life Insurance at the end of the Term Period for an additional one year period. If the Insured renews the Term Life Insurance for another Term Period, this Rider may be renewed.

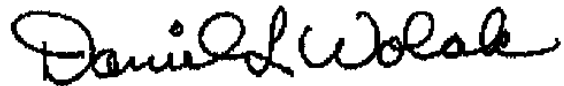
**Termination of Rider.** The benefit provided by this Rider will end on the earliest of the following dates: (a) the date the [ Policy or Certificate ] ends; (b) the date the Grace Period ends, if the Insured fails to pay premium when due; (c) the date the Term Period ends; or (d) the date the Insured turns age 65.

Benefits are subject to all terms and limitations of the [ Policy or Certificate ]. This Rider does not waive, alter or extend any provisions or conditions of the [ Policy or Certificate ] except to the extent shown above.

[



SECRETARY



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# The Union Labor Life Insurance Company

("We, Us, Our, the Company")

Administrative Office: 8403 Colesville Road, Silver Spring, Maryland 20910

Executive Office: 1625 Eye Street N.W., Washington DC 20006

## RETURN OF TERM LIFE INSURANCE PREMIUM BENEFIT RIDER

(To be attached to a Policy or Certificate with a 20-year Term Period)

**Rider Effective Date:** January 1, 2012

**Attached to** Policy Certificate **No.:** 12345

**Name of Policyholder:** ABC Union

This Rider is a part of the Policy or Certificate to which it is attached. It is issued in consideration of the Insured's enrollment for this coverage and the payment of the required premium.

The following **Return of Term Life Insurance Premium Benefit** is added to the Policy or Certificate.

### Benefit

A Return of Term Life Insurance Premium Benefit will be paid, while the Insured is living, upon the earliest of the following:

1. The end of the Term Period; or
2. Termination of the Policy or Certificate.

No benefit will be paid if the Insured dies while this Rider is in force; or if any claim has been paid under an Accelerated Death Benefit for Terminal Illness or an Accelerated Benefit for Organ Transplant Rider.

The Return of Term Life Insurance Premium Benefit will be paid only once under this Rider. Upon payment of the benefit, this Rider will terminate.

The amount of the benefit will be a percentage of the cumulative premium paid by the Insured for the term life insurance to which this Rider is attached. The percentage of the benefit will be determined by the number of Certificate Years this Rider has been in force, as shown on the Return of Premium Schedule.

In the event term life insurance coverage terminates before the end of a completed Certificate Year, the Percentage of Cumulative Premium Returned for the incomplete year will be pro-rated for the portion of the year in which coverage was in effect.

## **Return of Premium Schedule**

<b>Completed Certificate Year</b>	<b>Minimum Percentage Cumulative Premium Returned</b>
1-5	0%
6	4%
7	7%
8	10%
9	13%
10	17%
11	23%
12	31%
13	38%
14	44%
15	50%
16	60%
17	70%
18	80%
19	90%
20	100%

### **Eligible Premium**

In determining the amount of the Return of Term Life Premium Benefit, only the premium paid by the Insured for the Term Life Insurance and Disability Waiver of Premium Benefit Rider will be eligible for this benefit. The following will not be considered:

1. Any premium paid for an optional benefit rider, other than the Disability Waiver of Premium Benefit Rider elected by the Insured and attached to the Term Life Insurance Policy or Certificate, and
2. Any premium that was waived under a waiver of premium provision.

**Conversion.** The *Right to Convert* provision in the Certificate does not apply to this Rider.

**Incontestability.** Except for non-payment of premiums, this Rider cannot be contested after two years from its effective date. No statement made by the Insured relating to his insurability will be used to contest the insurance for which the statement was made after the insurance has been in force for two years during the Insured's lifetime. In order to be used, the statement must be in writing and signed by the Insured.

**Suicide.** If the Insured commits suicide, while sane or insane, within two years from the effective date of this Rider, the benefit payable under this Rider will be limited to the sum of all premiums paid for this Rider without interest.

**Right To Adjust Rider Rates.** We reserve the right to change the Rider rates, on a class basis, on any date.

**Reinstatement.** This Rider may not be reinstated.

**Renewal of the Term Life Insurance Coverage.** If the Insured renews the Term Life Insurance coverage for another Term Period, this Rider will not renew. The Insured may apply for a new Return of Term Life Insurance Premium Benefit Rider.

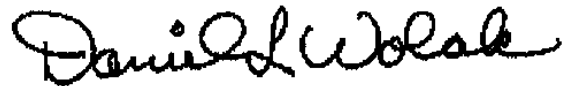
**Termination of Rider.** The benefit provided by this Rider will end on the earliest of the following dates: (a) the date we pay a benefit under this Rider; (b) the date we pay a benefit under an Accelerated Death Benefit for Terminal Illness or Accelerated benefit for Organ Transplant rider; (c) the date of the Insured's death; (d) the date the Term Period ends; (e) the date the Certificate is converted to an individual policy; or (f) the date the 31 day Grace Period ends, if the Insured fail to pay the premium when due.

Benefits are subject to all terms and limitations of the Policy or Certificate. This Rider does not waive, alter or extend any provisions or conditions of the Policy or Certificate except to the extent shown above.

[



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**The Union Labor Life Insurance Company**

**(“We, Us, Our, the Company”)**

**[ Administrative Office: 8403 Colesville Road, Silver Spring, Maryland 20910**

**Executive Office: 1625 Eye Street N.W., Washington DC 20006 ]**

**ACCIDENTAL DEATH BENEFIT RIDER**

**Rider Effective Date:** [ January 1, 2012 ]

**Attached to [Policy] [Certificate] No.:** [ 12345 ]

**Name of Policyholder:** [ ABC Union ]

This Rider is a part of the [ Policy or Certificate ] to which it is attached. It is issued in consideration of the Insured's enrollment for this coverage and the payment of the required premium.

The following **Accidental Death Benefit** is added to the [ Policy or Certificate ]:

We will pay the Accidental Death Benefit shown on the Certificate Schedule to the named Beneficiary when we receive satisfactory proof; (1) death certificate and (2) the right of the claimant to the policy proceeds and that the Insured died as a result of an Injury, provided: (1) the Injury occurs while the Insured is covered under the [ Policy or Certificate ] and this Rider; and (2) death occurs within 365 days of the accident causing the Injury and prior to the Insured's [ 70th ] birthday.

The benefit will be paid in addition to any other benefits payable under the [ Policy or Certificate ].

**DEFINITIONS**

The following definitions are added to this Rider:

**Injury** means means bodily injury caused by an accident. The Injury must be the direct cause of Loss and must be independent of all other causes. It must occur while the Insured's coverage is in force under the Policy. Benefits for Injury are not paid for any Loss caused by disease or by bodily or mental illness.

**Loss** means an Insured's loss of life for which a benefit is payable under the [ Policy or Certificate ].

**EXCLUSIONS**

The following exclusions are in addition to any exclusions found in the [ Policy or Certificate ]. We will not pay a benefit under this Rider for a Loss caused by, or resulting from:

1. suicide, attempted suicide or intentionally self-inflicted Injury, while sane or insane (in Missouri while sane);
2. declared or undeclared war or any act of war;
3. active military service;
4. the use or taking of any narcotic, barbiturate, or any other drug by the Insured unless taken or used as prescribed by a physician;
5. an Injury that occurs while the Insured has a blood alcohol level of .08 (by weight or volume) or higher;
6. travel in any aircraft, except as a fare-paying passenger on a commercial airplane, or as a pilot or crewmember of a commercial airplane;

**Exclusions (continued)**

7. any active participation in a riot, armed conflict, or insurrection;
8. an Injury that occurs while the Insured is committing or attempting to commit an assault or felony;
9. a sickness or its medical or surgical treatment, including diagnosis;
10. a bacterial infection except through an Injury which is otherwise covered under the Certificate; or
11. participation in a race or speed contest, whether organized or not.

**Right To Adjust Rider Rates.** We reserve the right to change the Rider rates, on a class basis, on any date.

**Reinstatement.** If the Insured's Certificate lapses, and is reinstated, this Rider may be reinstated.

**Termination of Rider.** The benefit provided by this Rider will end on the earliest of the following dates: (a) the date the [ Policy or Certificate ] ends; (b) the date the 31 day Grace Period ends, if the Insured fail to pay the premium when due; or (c) the date the Insured attains age [ 70 ].

Benefits are subject to all terms and limitations of the [Policy or Certificate]. This Rider does not waive, alter or extend any provisions or conditions of the Policy except to the extent shown above.



SECRETARY



PRESIDENT



SERFF Tracking Number: ULCC-128190447 State: Arkansas

Filing Company: The Union Labor Life Insurance Company State Tracking Number:

Company Tracking Number: ULLG-RTL-0308 AR IS (IN STATE FILING)

TOI: L04G Group Life - Term Sub-TOI: L04G.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life

Product Name: GROUP RENEWABLE TERM LIFE INSURANCE

Project Name/Number: ULLG-RTL-0308 AR IS (In State Filing)/

## Supporting Document Schedules

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Flesch Certification		
<b>Comments:</b> Document Attached.		
<b>Attachment:</b> READABILITY CERTIFICATION.pdf		

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Application		
<b>Comments:</b> Application form ULLGA-TL-0302-1211 was approved on December 27, 2012. The State Tracking is Number: 50460		
<b>Attachment:</b> ULLGA-TL-0302-1211.pdf		

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Variable Memorandum		
<b>Comments:</b> Document Attached.		
<b>Attachment:</b> VARIABLE MEMORANDUM AR IS.pdf		

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Actuarial Memorandum		
<b>Comments:</b> Document Attached.		
<b>Attachments:</b> Actuarial Memo ULLGR-ADB-OT-0308.pdf Actuarial Memo ULLGR-ADB-TI-0308.pdf		

SERFF Tracking Number: ULCC-128190447 State: Arkansas  
Filing Company: The Union Labor Life Insurance Company State Tracking Number:  
Company Tracking Number: ULLG-RTL-0308 AR IS (IN STATE FILING)  
TOI: L04G Group Life - Term Sub-TOI: L04G.213 Specified Age or Duration -  
Fixed/Indeterminate Premium - Single Life

Product Name: GROUP RENEWABLE TERM LIFE INSURANCE  
Project Name/Number: ULLG-RTL-0308 AR IS (In State Filing)/

Actuarial Memo ULLGR-CTR-0308.pdf  
Actuarial Memo ULLGR-DWP-0308.pdf  
Actuarial Memo ULLGR-ROP-0308 09032008.pdf  
Actuarial Memo ULLG-RTL-0308.pdf

Item Status: Status  
Date:

**Satisfied - Item:** Arkansas Required Document Ark.  
Code Ann 23-79-138

**Comments:**  
Document Attached.

**Attachment:**  
Ark. Code Ann. 23-79-138 Required document.pdf

Item Status: Status  
Date:

**Satisfied - Item:** Submission Certification

**Comments:**  
Document Attached.

**Attachment:**  
Submission Certification.pdf

Item Status: Status  
Date:

**Satisfied - Item:** Accelerated Death Benefit  
Disclosure

**Comments:**  
Document Attached.

**Attachment:**  
ADB Disclosure \_12-09\_.pdf

# The Union Labor Life Insurance Company

("We, Us, Our, the Company")

Administrative Office: 8403 Colesville Road, Silver Spring, Maryland 20910

Executive Office: 1625 Eye Street N.W., Washington DC 20006

## READABILITY CERTIFICATION

I certify that the form submitted with this filing achieved the following score using the Flesch Test Reading Score standards.

Form	Description	Score
ULLG-RTL-0308 AR IS	Group Renewable Level Term Life Insurance Policy	46.9
ULLC-RTL-0308 AR IS	Certificate of Insurance	51.4
ULLGR-ADB-TI-0308 AR IS	Accelerated Death Benefit for Terminal Illness Rider	49.1
ULLGR-ADB-OT-0308 AR IS	Accelerated Benefit for Organ Transplant Rider	50.7
ULLGR-CTR-0308 AR IS	Children's Term Life Insurance Benefit Rider	56.6
ULLGR-DWP-0308 AR IS	Disability Waiver of Premium Benefit Rider	61.1
ULLGR-ROP-0308 AR IS	Return of Premium Benefit Rider	49.6
ULLGR-AD-0102 AR IS	Accidental Death Benefit Rider	56.6
ULLGA-TL-0302-1211	Life Insurance Application	48.4



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**Stephanie Whalen,**  
**VP Life and Health Operations**

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February 17, 2012

**LIFE INSURANCE APPLICATION**  
**THE UNION LABOR LIFE INSURANCE COMPANY**  
**Administrative Office: 8403 Colesville Road, Silver Spring, MD 20910**  
**Executive Office: 1625 Eye Street, N.W., Washington, D.C 20006**

John Q. Sample  
Street Road  
Second Address Line  
Anytown, US 00000

Member of:  
International Union Personalized

**1. Please tell us about yourself and your spouse (if applying):**

Your Name \_\_\_\_\_

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Date of Birth

MONTH DAY YEAR

☐ Male ☐ Female

State of Birth:

Phone   
AREA CODE

Best time to call: ☐ Morning ☐ Afternoon ☐ Evening

Social Security #

Driver's License# \_\_\_\_\_ State of Issue

E-Mail Address \_\_\_\_\_

If you share your e-mail address, you may receive periodic e-mails about money-saving benefits endorsed by your Union. You will always have the right to opt-out of receiving these e-mails.

International Union Name \_\_\_\_\_ Local # \_\_\_\_\_

Currently employed? ☐ Yes ☐ No

Employer \_\_\_\_\_

Length of Employment \_\_\_\_\_

Occupation \_\_\_\_\_

Duties \_\_\_\_\_

Employer Address \_\_\_\_\_  
(street, city, state, zip)

Personal Earned Income \$ \_\_\_\_\_

Household Income \$ \_\_\_\_\_

Net Worth \$ \_\_\_\_\_

Spouse\* Name \_\_\_\_\_

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Date of Birth

MONTH DAY YEAR

☐ Male ☐ Female

State of Birth:

Phone   
AREA CODE

Best time to call: ☐ Morning ☐ Afternoon ☐ Evening

Social Security #

Driver's License# \_\_\_\_\_ State of Issue

E-Mail Address \_\_\_\_\_

If you share your e-mail address, you may receive periodic e-mails about money-saving benefits endorsed by your Union. You will always have the right to opt-out of receiving these e-mails.

International Union Name \_\_\_\_\_ Local # \_\_\_\_\_

Currently employed? ☐ Yes ☐ No

Employer \_\_\_\_\_

Length of Employment \_\_\_\_\_

Occupation \_\_\_\_\_

Duties \_\_\_\_\_

Employer Address \_\_\_\_\_  
(street, city, state, zip)

Personal Earned Income \$ \_\_\_\_\_

Household Income \$ \_\_\_\_\_

Net Worth \$ \_\_\_\_\_

***[\*Spouse includes Domestic Partner, Civil Union Partner, or Legal Partner as recognized by the jurisdiction in which you reside.]***

## 2. Please select the benefits you [and your spouse (if applying)] would like:

**You:**

[Choose One Product and One Coverage Amount Below:]

Product:

☐ 10 Year Term ☐ 20 Year Term ☐ Other \_\_\_\_\_

Coverage Amount:

☐ \$250,000 ☐ \$200,000 ☐ \$150,000 ☐ \$100,000

☐ \$75,000 ☐ \$50,000 ☐ \$25,000 ☐ Other \_\_\_\_\_

[Please check any additional coverage that you would like:

☐ Accidental Death Rider: Coverage Amount:

☐ \$100,000 ☐ \$75,000 ☐ \$50,000 ☐ \$25,000 ☐ Other \_\_\_\_\_

☐ Hospital Accident Rider: Coverage Amount:

☐ \$100 A Day ☐ \$50 A Day ☐ Other \_\_\_\_\_

☐ Waiver of Premium Rider

☐ Return of Premium Rider (20 Year Term only)

☐ Children's Term Life coverage: Coverage amount:

☐ \$10,000 ☐ \$5,000 ☐ Other \_\_\_\_\_

List name(s) and date(s) of birth in the section below:

Name \_\_\_\_\_ Date of birth

Name \_\_\_\_\_ Date of birth

Use a separate sheet of paper if more space is needed.]

**Spouse:**

[Choose One Product and One Coverage Amount Below:]

Product:

☐ 10 Year Term ☐ 20 Year Term ☐ Other \_\_\_\_\_

Coverage Amount:

☐ \$250,000 ☐ \$200,000 ☐ \$150,000 ☐ \$100,000

☐ \$75,000 ☐ \$50,000 ☐ \$25,000 ☐ Other \_\_\_\_\_

[Please check any additional coverage that you would like:

☐ Accidental Death Rider: Coverage Amount:

☐ \$100,000 ☐ \$75,000 ☐ \$50,000 ☐ \$25,000 ☐ Other \_\_\_\_\_

☐ Hospital Accident Rider: Coverage Amount:

☐ \$100 A Day ☐ \$50 A Day ☐ Other \_\_\_\_\_

☐ Waiver of Premium Rider

☐ Return of Premium Rider (20 Year Term only)

☐ Children's Term Life coverage: Coverage amount:

☐ \$10,000 ☐ \$5,000 ☐ Other \_\_\_\_\_

List name(s) and date(s) of birth in the section below:

Name \_\_\_\_\_ Date of birth

Name \_\_\_\_\_ Date of birth

Use a separate sheet of paper if more space is needed.]]

Will this insurance replace or change any life insurance or annuity contract? [If yes, provide details below.]

☐ Yes ☐ No

Please complete the beneficiary information:

Your Beneficiary: \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Social Security Number:

Will this insurance replace or change any life insurance or annuity contract? [If yes, provide details below.]

☐ Yes ☐ No

Please complete the beneficiary information:

Your Beneficiary: \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Social Security Number:

## 3. Please answer the following questions about you [and your spouse (if applying)]:

**You:** Height \_\_\_\_\_ Weight \_\_\_\_\_  
FEET/INCHES LBS.

**Spouse:** Height \_\_\_\_\_ Weight \_\_\_\_\_  
FEET/INCHES LBS.

	<b>You</b>	<b>Spouse</b>
1. Have you been cited for driving under the influence of alcohol or drugs in the past 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you had your driver's license suspended or revoked for any reason in the past 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you had a heart attack or stroke within the past 6 months, been diagnosed or treated for cancer (other than skin cancer) within the past 2 years, or ever tested positive for HIV (Human Immunodeficiency Virus) infection?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. In the past 5 years, has a medical professional diagnosed you with, treated you for, or told you to seek treatment because of: disease or disorder of the heart (including high blood pressure), blood or circulatory system, lungs, liver, bowel or kidneys, diabetes, stroke or cancer, mental or nervous disorders, or told you to reduce or discontinue use of any drug or alcohol?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Other than those conditions covered above, has a medical professional diagnosed you with any chronic illnesses or conditions which require periodic medical care or may require future surgery?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Within the past six weeks, have you been prescribed or taken any prescription medications?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No]]

<b>7. Have you used any tobacco or nicotine based products in the past 12 months?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
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**If you answered “Yes” to any of the above questions, please provide as much detail as possible in the space below. Identify the question number, and include diagnoses, dates, durations, names, addresses and phone numbers of all attending physicians and medical facilities. Attach a separate sheet if needed.**

**4. Read, Sign and Date below.**

I understand and affirm by my signature below that, to the best of my knowledge and belief, the information in this entire application is true and complete. I understand that a separate Certificate will be issued to each applicant and that no insurance is in effect until I am issued my Certificate and my first premium is paid before my effective date and during my lifetime. I understand that if I fail to give true and complete answers on this application, benefits may be denied. If any condition affecting my insurability as stated in this application changes between my application date and my Certificate Effective Date, I understand that benefits may be denied during the first 2 years of coverage.

To determine my insurability, or for claims purposes, I authorize any physician, medical practitioner, institution, VA Hospital, or other medically related facility, insurance company, the Medical Information Bureau (MIB), or any Consumer Reporting Agency to give any information about my physical or mental health to the Company or its reinsurers. This authorization or its photocopy is valid for 24 months from the application date and I or my beneficiary may request a copy. I may revoke this authorization at any time by submitting a written revocation request to the Company, but the revocation will not affect actions taken before receipt of the revocation or any legal right the Company has to contest my certificate or a claim under my certificate based on information obtained prior to the revocation. I have read the applicable fraud notice on this application and the Information Regarding the Medical Information Bureau Pre-Notice enclosed with this form as required by the Fair Credit Reporting Act.

**For Residents of California:** Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**For Residents of Colorado:** It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

**For Residents of District of Columbia:** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**For Residents of Florida:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**For Residents of Louisiana:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**For Residents of Maryland:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**For Residents of New Jersey:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**For Residents of Pennsylvania:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**For Residents of Rhode Island:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**For Residents of Washington:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

For residents all other states: **WARNING:** Any person, acting alone or in concert with another, who knowingly and with intent to defraud, injure, or deceive any insurance company submits a claim or application containing any false, deceptive, incomplete or misleading information may be committing a fraudulent insurance act which is a crime and may subject such person to criminal or civil penalties or denial of benefits.

**Information Practices Notice**

To determine eligibility for coverage, the Company may supplement the information provided by you with information from other sources. Any information you give us regarding your insurability, and any information received from other sources, will be treated as strictly confidential. In some situations, and in compliance with applicable laws, the Company may disclose necessary items of information to third parties without your specific authorization. You have the right to be told about, and to copy, if you wish, items of personal information which appear in our files. You also have the right to seek correction of information you believe to be inaccurate. If you would like a more detailed explanation of our information practices and the circumstances under which we may use or disclose information, please submit a written request to the Company, to the attention of the Privacy Officer at the Executive Office address.

**Information Regarding the Medical Information Bureau Pre-Notice**

Information regarding your insurability will be treated as confidential. The Union Labor Life Insurance Company or its reinsurers may; however, make a brief report thereon to the MIB, Inc., formerly known as Medical Information Bureau, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information about you in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information in your file. Please contact MIB at 866-692-6901 (TTY 866-346-3642). If you question the accuracy of the information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information office is 50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734.

The Union Labor Life Insurance Company, or its reinsurers, may also release information from its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its website at <http://www.mib.com>.

<b>X</b> _____ Your Signature  [Signed at _____ City, State]	_____ Date
--	---------------

<b>[X]</b> _____ Spouse Signature  [Signed at _____ City, State]	_____ Date
--	---------------

**[Agent Certification**

I certify that: (1) the application was obtained personally and in my presence; (2) all questions on the application were asked, and any information recorded by me on this application is true and accurate to the best of my knowledge; (3) to the best of my knowledge, this policy will ☐ will not ☐ replace or change any existing life insurance or annuity policy(ies); and (4) I have witnessed the signature(s) on this application.

\_\_\_\_\_  
Licensed Agent's Signature

\_\_\_\_\_  
Agent's Printed Name

\_\_\_\_\_  
Agent's Number

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
License #

\_\_\_\_\_  
State

\_\_\_\_\_  
Date

**Mail Certificate To:** ☐ Owner ☐ Agent



**THE UNION LABOR LIFE INSURANCE COMPANY**  
**VARIABLE MEMORANDUM**  
**Group Renewable Level Term Life Insurance to Age 85**  
**ULLG-RTL-0308 et al.**

Variable data is bracketed and may be revised as described in this memorandum without notice or prior approval by the State of Iowa. Variable data will never exclude or limit provisions required by the State of Iowa.

The variables “ [ Policy ] [ Certificate ]” are general in nature. When a form is attached to the Policy or a provision applies specifically to the Policy, the term “Policy” will be indicated and the term “Certificate” will be deleted and vice versa..

**ULLG-RTL-0308 AR IS GROUP POLICY**

**Policy Cover**

- The current address of the Company will be provided.
- The following variable fields will be completed with policy-specific information:
  1. **GROUP POLICY NO.**
  2. **EFFECTIVE DATE**
  3. **POLICYHOLDER**
  4. **ANNIVERSARY DATE**
- The applicable signatures of the Company officers will be included.

**Table of Contents**

The Table of Contents is variable only to accommodate any changes in pagination.

**Policy Schedule**

- The **BENEFIT** and **AMOUNT OF INSURANCE** will be completed with the policy-specific information.

The standard **BENEFIT** schedule offered includes:

1. Group Renewable Level Term Life Insurance to Age 85
2. Accelerated Death Benefit for Terminal Illness
3. Accelerated Benefits for Organ Transplants

**Optional Benefits** include:

1. Accidental Death Benefits
2. Workplace Accidental Death Benefits
3. Dependent Children Term Life Insurance Benefits
4. Disability Waiver of Premium Benefits
5. Return of Premium Benefit

The **AMOUNT OF INSURANCE** is a range of benefit amounts offered by the Company to group policyholder. This variable range of benefits is:

1. For Group Renewable Level Term Life Insurance to Age 85, the range of Amount of Insurance is any amount between \$10,000 and \$500,000.
2. For an Accelerated Death Benefit for Terminal Illness, the benefit range is any amount between \$10,000 and \$500,000.

3. For an Accelerated Benefit for Organ Transplant, the benefit range is any amount between \$10,000 and \$500,000.
  4. For Accidental Death Benefits (all accidents), if included as an Optional Benefit the benefit range is any amount between \$10,000 and \$300,000.
  5. For Workplace Accidental death Benefit, if included as an Optional Benefit the benefit range is any amount between \$10,000 and \$300,000.
  6. For Dependent children Term Life Insurance Benefit, if included as an Optional Benefit the benefit range is any amount between \$5,000 and \$50,000.
- The bracketed year interval options (“**Renewal Period**”)for which the insured may renew coverage in the last paragraph under **Optional Benefits**, “ten, fifteen, twenty, twenty-five,” are variable as stated. In addition the age limits for which the insured may renew coverage will be age 69 for the 10 year **Renewal Period**, age 64 for the 15 year **Renewal Period**, age 59 for the 20 year **Renewal Period**, or age 54 for the 25 year **Renewal Period**.

#### Part I – Definitions

- The definition of **Domestic Partner** will be included or excluded in its entirety. It will only be included if coverage includes domestic partners.
- The definition of **Member** is variable to accommodate the group policyholder’s specified definition.
- The definition of **Spouse** will be included or excluded in its entirety. It will only be included if coverage includes a spouses.
- The successive **TERM PERIODS** for which the insured may renew coverage under the definition of **Renewal Period**, “ten, fifteen, twenty, twenty-five,” are variable as stated.

#### Part II - When Coverage Starts

- The **Who is Eligible** provision will be completed with policy-specific information.

#### Part V – When Coverage Stops

- Item 4 regarding accelerated death benefits will be deleted if the optional Accelerated Death Benefit for Terminal Illness Rider Is not included.
- Items 5 and 6 will change numerically if variable item 4 regarding accelerated death benefits are deleted.

#### Part VII – Renewal Privilege

- Regarding the Term Period and Prior to Age [55, 60, 65, 70] the bracketed variable ages an Insured may apply to renew for an additional Term Period.

#### Part VIII – How the Insured Pays His Premiums

- The variable time period “5 years” within which requests for reinstatement must be made in item 4 can be changed to “1 year”, “2 years”, “3 years” or “4 years.”

#### Footer

- The length of the Term Period will appear in the lower right corner. This information is not part of the form code.

**ULLC-RTL-0308 AR IS CERTIFICATE OF INSURANCE**

- The current address of the Company will be provided.
- The information provided in the **CERTIFICATE SCHEDULE** is variable in its entirety with respect to the information provided regarding the insured's coverage; it will reflect the insured's specific benefits. The **FACE AMOUNT** and **BENEFITS** will be the amounts elected by the insured based on the range of benefit amounts offered to the group policyholder under the group policy. The range of benefits from which the insured by elect includes:
  1. For Group Renewable Level Term Life Insurance to Age 85, the range of Amount of Insurance is any amount between \$10,000 and \$500,000.
  2. For an Accelerated Death Benefit for Terminal Illness, the benefit range is any amount between \$5,000 and \$500,000.
  3. For an Accelerated Benefit for Organ Transplant, the benefit range is any amount between \$5,000 and \$500,000.
  4. For Accidental Death Benefits (all accidents), if included as an Optional Benefit the benefit range is any amount between \$10,000 and \$300,000.
  5. For Workplace Accidental death Benefit, if included as an Optional Benefit the benefit range is any amount between \$10,000 and \$300,000.
  6. For Dependent children Term Life Insurance Benefit, if included as an Optional Benefit the benefit range is any amount between \$5,000 and \$50,000.
- Variability regarding annual premium will reflect the annual premium as calculated by the applied rates.
- All other variable information is personal data and will vary for each Certificate issued based on the insured's specific insurance information.
- The applicable signatures of the Company officers will be included.

**TABLE OF CONTENTS**

The Table of Contents is variable to accommodate any changes in pagination.

**Part I – Definitions**

- The definition of **Domestic Partner** will be included or excluded in its entirety as determined by the policy specifications and if the insured elects available spousal coverage.
- The definition of **Member** is variable to accommodate the group policyholder's specified definition. This definition will mimic the definition in the group policy.
- The successive term periods for which the insured may renew coverage under the definition of **Renewal Period**, "ten, fifteen, twenty, twenty-five," are variable as stated.
- The definition of **Spouse** will be included or excluded in its entirety as determined by the policy specifications and if the insured elects available spousal coverage.

**Part V – When Coverage Stops**

- Item 4 regarding accelerated death benefits will be deleted if the optional Accelerated Death Benefit for Terminal Illness Rider Is not included.
- Items 5 and 6 will change numerically if variable item 4 regarding accelerated death benefits are deleted.

**Part VII – Renewal Privilege**

- Regarding the Term Period and Prior to Age [55, 60, 65, 70] the bracketed variable ages an Insured may apply to renew for an additional Term Period.

**Part VIII – Paying Your Premiums**

- The variable time period “5 years” within which requests for reinstatement must be made in item 4 can be changed to “1 year”, “2 years”, “3 years” or “4 years.”

**ULLGR-ADB-OT-0308 AR IS ACCELERATED BENEFIT FOR ORGAN TRANSPLANT RIDER**

- The current address of the Company will be provided.
- The following variable fields may include or excluded in their entirety at the option of the group policyholder. If included, they will be completed with policy-specific information:
  1. Rider Effective Date
  2. Attached to [ Policy ] [ Certificate ] No. If included the term “Policy” will be used when attached to the master group policy and the term “Certificate “ will be deleted. The term “Certificate” will be used when attached to an insured’s certificate and the term “Policy” will be deleted.
  3. Name of Policyholder
- Wherever the variable terms “[ Policy ] [Certificate ]” appear, the term “Policy” will be used when attached to the master group policy and the term “Certificate “ will be deleted. The term “Certificate” will be used when attached to an insured’s certificate and the term “Policy” will be deleted.
- The applicable signatures of the Company officers will be included.

**ULLGR-ADB-TI-0308 AR IS ACCELERATED DEATH BENEFIT FOR TERMINAL ILLNESS RIDER**

- The current address of the Company will be provided.
- The following variable fields may include or excluded in their entirety at the option of the group policyholder. If included, they will be completed with policy-specific information:
  1. **Rider Effective Date**
  2. **Attached to [ Policy ] [ Certificate ] No.** If included the term “Policy” will be used when attached to the master group policy and the term “Certificate “ will be deleted. The term “Certificate” will be used when attached to an insured’s certificate and the term “Policy” will be deleted.
  3. **Name of Policyholder**
- Wherever the variable terms “[ Policy ] [Certificate ]” appear, the term “Policy” will be used when attached to the master group policy and the term “Certificate “ will be deleted. The term “Certificate” will be used when attached to an insured’s certificate and the term “Policy” will be deleted.
- The applicable signatures of the Company officers will be included.

**ULLGR-DWP-0308 AR IS DISABILITY WAIVER OF PREMIUM BENEFIT RIDER**

- The current address of the Company will be provided.
- The following variable fields may include or excluded in their entirety at the option of the group policyholder. If included, they will be completed with policy-specific information:
  1. **Rider Effective Date**
  2. **Attached to [ Policy ] [ Certificate ] No.** If included the term “Policy” will be used when attached to the master group policy and the term “Certificate “ will be deleted. The term “Certificate” will be used when attached to an insured’s certificate and the term “Policy” will be deleted.

### 3. Name of Policyholder

- Wherever the variable terms “[ Policy ] [Certificate ]” appear, the term “Policy” will be used when attached to the master group policy and the term “Certificate “ will be deleted. The term “Certificate” will be used when attached to an insured’s certificate and the term “Policy” will be deleted.
- Benefit Section – the variable items in this section can be included or excluded and are policy specific.
- Written Notice and Proof of Claim – the variables in this section can be included or excluded and are policy specific.
- The applicable signatures of the Company officers will be included.

### ULLGR-ROP-0308 AR IS RETURN OF REMIUM BENEFIT RIDER

- The current address of the Company will be provided.
- The variable “[ To be attached to a [Policy][Certificate] with a 20-year Renewal Period ]” directly beneath the benefit rider title will reflect the applicable Renewal Period to which the benefit rider is attached (“ 10 Year”, “15 Year”, 20 Year, or “25 Year”).
- The following variable fields may include or excluded in their entirety at the option of the group policyholder. If included, they will be completed with policy-specific information:
  1. **Rider Effective Date**
  2. **Attached to [ Policy ] [ Certificate ] No.** If included the term “Policy” will be used when attached to the master group policy and the term “Certificate “ will be deleted. The term “Certificate” will be used when attached to an insured’s certificate and the term “Policy” will be deleted.
  3. **Name of Policyholder**
- Wherever the variable terms “[ Policy ] [Certificate ]” appear, the term “Policy” will be used when attached to the master group policy and the term “Certificate “ will be deleted. The term “Certificate” will be used when attached to an insured’s certificate and the term “Policy” will be deleted.
- The **Return of Premium Schedule** is variable in its entirety. The “Completed Certificate Year” numbers can be changed to various other combinations. As with the “Completed Certificate Year” variability so the “Minimum Percentage of Cumulative Premium Returned” percentages can vary.
- The variable “[ and Disability Waiver of Premium Benefit Rider ]“ under the **Eligible Premium** provision of the **Return of Premium Schedule** can be included or excluded in its entirety. Similarly variable is the variable “[ an optional benefit rider, other than the disability Waiver of Premium Benefit Rider ] “ under item 1 of the **Eligible Premium** provision.
- The variable “[; or if any claim has been paid under an Accelerated Death Benefit for Terminal Illness or an Accelerated Benefit for Organ Transplant Rider ]” under the **Benefit** provision can be included or excluded in its entirety.
- The variable “[ (b the date we pay a benefit under an Accelerated Death Benefit for Terminal Illness or Accelerated benefit for Organ Transplant rider; (c) ] the date of the Insured’s death; [ (d)] the date the Term Period ends; [ (e) ] the date the Certificate is converted to an individual policy; or [ (f) ] under the **Termination of Rider** provision can be included or excluded.
- The applicable signatures of the Company officers will be included.

**ULLGR-CTR-0308 AR IS CHILDREN'S TERM LIFE INSURANCE BENEFIT RIDER**

- The current address of the Company will be provided.
- The following variable fields may include or excluded in their entirety at the option of the group policyholder. If included, they will be completed with policy-specific information:
  1. **Rider Effective Date**
  2. **Attached to [ Policy ] [ Certificate ] No.** If included the term "Policy" will be used when attached to the master group policy and the term "Certificate " will be deleted. The term "Certificate" will be used when attached to an insured's certificate and the term "Policy" will be deleted.
  3. **Name of Policyholder**
- Wherever the variable terms "[ Policy ] [Certificate ]" appear, the term "Policy" will be used when attached to the master group policy and the term "Certificate " will be deleted. The term "Certificate" will be used when attached to an insured's certificate and the term "Policy" will be deleted.
- The applicable signatures of the Company officers will be included.

**ULLGR-AD-0102 AR IS ACCIDENTAL DEATH BENEFIT RIDER**

- The current address of the Company will be provided.
- The following variable fields may include or excluded in their entirety at the option of the group policyholder. If included, they will be completed with policy-specific information:
  1. **Rider Effective Date**
  2. **Attached to [ Policy ] [ Certificate ] No.** If included the term "Policy" will be used when attached to the master group policy and the term "Certificate " will be deleted. The term "Certificate" will be used when attached to an insured's certificate and the term "Policy" will be deleted.
  3. **Name of Policyholder**
- The variable statement "[and prior to the Insured's [ 70<sup>th</sup> ] birthday]" in the third paragraph will be included or excluded in its entirety. If included, the variable age limitation "[ 70 ]" can be changed from any age from 60 to 75.
- The variable item statement "[; or (c) the date the Insured attains age [ 70 ]]" in the **Termination of Rider** provision will be included or excluded in its entirety. If included, the variable age limitation "[ 70 ]" can be changed from any age from 60 to 75.
- Wherever the variable terms "[ Policy ] [Certificate ]" appear, the term "Policy" will be used when attached to the master group policy and the term "Certificate " will be deleted. The term "Certificate" will be used when attached to an insured's certificate and the term "Policy" will be deleted.
- The applicable signatures of the Company officers will be included.

# **The Union Labor Life Insurance Company**

("We, Us, Our, the Company")

**Administrative Office: 8403 Colesville Road, Silver Spring, Maryland 20910**

**Executive Office: 1625 Eye Street N.W., Washington DC 20006**

## **SUBMISSION CERTIFICATION**

I certify that this submission meets the provisions of Ark.Code Ann. 23-79-138 as well as all applicable requirements of the Arkansas Department of Insurance.

A handwritten signature in black ink, appearing to read 'S Whalen', with a long horizontal flourish extending to the right.

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**Stephanie Whalen,  
VP Life and Health Operations**

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April 27, 2012

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**Stephanie Whalen,  
VP Life and Health Operations**

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April 27, 2012

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[ Administrative Office: 8403 Colesville Road, Silver Spring, Maryland 20910

Executive Office: 1625 Eye Street N.W., Washington DC 20006 ]

## **ACCELERATED DEATH BENEFIT DISCLOSURE**

### **Important Tax and Public Assistance Information**

Accelerated life insurance benefits may or may not qualify for favorable tax treatment under the internal revenue code of 1986. If the accelerated life insurance benefits qualify for favorable tax treatment, the benefits will be excludable from your income and not subject to federal taxation. Tax laws relating to accelerated life insurance benefits are complex. You are advised to consult with a qualified tax advisor about circumstances under which you could receive accelerated life insurance benefits excludable from income under federal law.

In addition, receipt of accelerated life insurance benefits may affect your, your spouse's, or your family's eligibility for public assistance programs such as Medicare assistance (Medicaid), aid to families with dependent children (AFCD), supplementary social security income (SSI), and drug assistance programs. You are advised to consult with a qualified tax advisor and with social service agencies concerning how receipt of such a payment will affect you, your spouse and your family's eligibility for public assistance.

### **Effect of Accelerated Death Benefits on Benefits**

The amount of the accelerated death benefit available to you is called the available face amount. The amount you elect for accelerated death benefits is called the available proceeds. We deduct a processing charge of 5% of the available proceeds and then pay you the balance called the payable proceeds.

Prior to payment of this benefit, we must receive a signed concurrence for payout from any assignee or irrevocable beneficiary.

An example of the effect of an accelerated death benefit request for \$25,000 is shown below (this example is illustrative only and is not intended to show actual values):

<b>Death Benefit Before Acceleration</b>	<b>Requested Acceleration \$25,000</b>	<b>Processing Charge</b>	<b>Accelerated Benefit Paid</b>	<b>Death Benefit After Acceleration</b>
\$50,000	\$25,000	\$1,250	\$23,750	\$25,000